MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HTABO TO STADRITADO

PRESIDE

among appearing

BUKEAU V. Z

9261 **3 9**AM

BECEINED

24. FUNERAL DIRECTOR

S SIGNATURE

REGISTRAR

ADDRESS

DATE REC'D BY LOCAL

BUREAU V. 21

PEB 16 1956

BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

The

| / 3 | | | |
|------|-------------|----|-----|
| | CERTIFICATE | OF | DEA |
| 2019 | CERTIFICATE | OL | DIA |

Reg. Dist. No. 245

| 2042 CERTIFICATI | e of Dist. No. |
|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY & C. (SEATER MARYLAND | STATE M & COUNTY TV. (E) |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | |
| OR and give nearest town) (in this place) | OR |
| 25 TOWN Riverdal, Mid H2 days | |
| HOSPITAL OR beland Menergial | STREET (If rural give location) |
| 16 STREET ADDRESS HHOH Chargesbury Rd | 6902 23° Ave |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| OECEASED: (Type or Print) Wester Belle | 0F DEATH: 2 16 1956 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | |
| RACE: WIDOWED, DIVORCED, (Specify) Wild record 6- | 13-1884 71 VAK yrs. Months Days Hours Min. |
| OA. USUAL OCCUPATION (Give kind of or No. KIND OF BUSINESS work done during most of working life, OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT |
| work done during most of working life, even if retired): | SA Canlina Gountry |
| 3. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Soel Kingerd | Martha Daminick |
| S. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL BECURITY NO. | 17. INFORMANT & ADDRESS: |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | Hash Present |
| | TION |
| 18. MEDICAL CERTIFICAT | TION INTERVAL BETWEEN |
| 220 | be the first last |
| IMMEDIATE CAUSE (A) | I cal the Mooses 16 yrs bury |
| IMMEDIATE CAUSE (A) DUE TO | 1 |
| ANTECEDENT CAUSE (S) | Isell Aples in Solower 11. |
| DISEASES OR CONDITIONS, IF ANY, (B) | our warmor curous 16 yrs |
| GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. | |
| (C) | |
| I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | N 20. AUTOPSY? |
| n | YES NO A |
| IA. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fac | ctory, 21c. WHERE DID (City or town) (County) (State) |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) | , etc. INJURY OCCUR? |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while | D 21F. HOW DID INJURY OCCUR? |
| OF INJURY While While at work | |
| | 1 4.11 |
| 22. I hereby certify that I attended the deceased from yax | 6., 1952, to Feb. 16, 1955 that I last saw the deceased |
| alive on Felule, 1956, and that death occurred at | t 6 MM, from the causes and on the date stated above. |
| SIGNATURE | ADDRESS DATE SIGNED |
| | 1.0. Ruerdale med 3-16-56 |
| | TERY OR CREMATORY LOCATION (City town, or county) AState) |
| PREMOVAL (SPECIFY) | Pel man hand had |
| (Burled) Ill 20/174 6 JAVL der | comme the state of |

VS. A15 - 10 - 53

DATE REC'D BY LOCAL REGISTRAR 1956

REGISTRAR'S SIGNATURE

EEB SO 1820

DECENAED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2022

2029

Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

WITH UNFADING INK.

OR WRITE PLAINLY.

PLEASE TYPE

A15-

VS.

CERTIFICATE OF DEATH

Reg. Dist. No. 241

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEAS | ED: |
|--|---|------------------------|
| COUNTY Prince Georges MARYLAND | STATE Ohio COUNTY | |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAI | and give nearest town) |
| OR and give nearest town) (in this place) | OR | 4000 |
| /5 TOWN Hyattsville / 7 Mo. | TOWN Cincinnati | 106 4-0 |
| HOSPITAL OR | STREET (If rural give location ADDRESS | n) ' |
| INSTITUTION OR | | - V |
| 10 STREET ADDRESS Bell's Nursing Home | 4381 Mayhew Ave. | |
| 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) OF | (Day) (Year) |
| (Type or Print) Donna Ann Bachsch | | 17 1956 |
| | OF BIRTH: 9. AGE last birthday IF UNDER | |
| RACE: WIDOWED, DIVORCED, (Specify): Canal Target | O TOEE O yrs. 7 | Days Hours Min. |
| Female White (Specify): Single June 2 | 11. BIRTHPLACE (State or foreign country): 12 | CITIZEN OF WHAT |
| work done during most of working life. OR INDUSTRY: | 11. DIRTHEACE (Doubt of Asserts Country). | COUNTRY? |
| even if retired): | Ohio | U.S.A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| | | |
| Frank J Bachscheider | Patrica A. Moulti | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | Ements I Decharbinden Come | 110 |
| | Frank J. Bachschieder Same | |
| 18. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH | IION | INTERVAL BETWEEN |
| 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATT | | OHSE! AND DEATH |
| 75 IMMEDIATE CAUSE (A) Reputerium | with curdio- respective coeleps | Trumal |
| ANTECEDENT CAUSE (S) | + 50 00 | pr l. |
| DISEASES OR CONDITIONS, IF ANY. (B) Chemine | atrophy of brain | but on |
| STATING UNDERLYING CAUSE LAST. | | |
| (C) Cereland | Jacobse. | 1. 4 m |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | I WAR |
| TO THE DEATH BUT NOT RELATED TO THE | | |
| DISEASE OR CONDITION CAUSING DEATH. | | |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO | N | 20. AUTOPSY? |
| | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, faction of contributing 2 | etory. 21c. WHERE DID (City or town) (Co | unty) (State) |
| 210 TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE | D 21F. HOW DID INJURY OCCUR? | |
| OF INJURY While at work at work | | |
| | | |
| 22. I hereby certify that I attended the deceased from .2/ | 13., 1956, to 2/17, 1956, that I la | ast saw the deceased |
| alive on 2/17, 1956, and that death occurred at | | |
| SIGNATURE | ADDRESS I | ATE SIGNED |
| | 0 1 8 6 20.1 | 2/17/56 |
| Suprage Ci C VO (District C) | TERY OR CREMATORY LOCATION (City, town, | or county) (State |
| DI MOVAL (CRECIEV) | 01: | o. country, (Dunce |
| Transportation Feb 17, 1956 Cincinnation | | |
| DATE REC'D BY LOCAL REGISTRAR'S MIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| MEGIFRAR 1912 dams Wever | F. Gas d's Sons Hyattsville | , Mai |
| | | |

1. 1

Z .V UAZRUE

LEB SO 1926

Been as him are a second of the second of th

| | caref | COUNTY Prince Georges MARYLAND | STATE Md COUNTY Pras | Grace- |
|-----|---|---|--|----------------------|
| | | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL a | nd give nearest town |
| | item of information of death clearly and | 34TOWN N. Prentwood 40 he was | OR TOWN ACB. | |
| | y | HOSPITAL OR | STREET (If rural give location) | |
| | nforma | INSTITUTION OR 4512 40 16 St. | ADDRESS 1/515 1/1/16 | |
| | nfo | | 4314 40 - 01 | |
| | th it | DECEASED: RIO NI | OF . | Day) (Yesr) |
| | m of i | (Type or Print) Whiche Hice Dake | DEATH: 1-2 b | 11 19 56 |
| | iter of o | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O | The state of the s | |
| | | | 15, 1704 51 yrs. | |
| h. | every | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF (BUSINESS I work done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| 2 | 0 8 | even if retired: | Washington, D.C | USA |
| | ppl; | 13. FATHER'S NAME: | 14. MOTHER'S MANDEN NAME: | |
| 2 | Supply te the c | Sandy P. Baker | Addie C. Jasuer. | |
| | 100 | | 17. INFORMANT & ADDRESS: | |
| 5 | Se wi | (Yes, no of unk.) (If Yes, give war or dates of service) | Clarista C. Johnson, | S. stin |
| 4 | | 18. MEDICAL CERTIFICATIO | 4.1 | J. G I Cy |
| 1 | ADING s: plea | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 1 | ONSET AND DEATH |
| K V | DI | 410x | 2. 2. 2. 2. | - 1 |
| 2 | FA | IMMEDIATE CAUSE (A) UILLATE 1) DUE TO 4) | afora very defection | 5 days |
| j. | UNFA1 | ANTECEDENT CAUSE (S) | 11 1 70 / | |
| _ | | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO | litral Luintelling | D year |
| 5 | WITH nt. Phys | STATING UNDERLYING CAUSE LAST. DUE TO | 14.4=./ | |
| 7 | W] | (c) Longes DI | re ment tailure | |
| W | ~ 0 | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | |
| | Jod Dog | DISEASE OR CONDITION CAUSING DEATH. | | |
| | PLAINLY, lly importa | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | 7 | | | YES NO |
| | WRITE PI especially | 21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, factor; OR CONTRIBUTING \(\) CAUSE OF DEATH OF INJURY street, office bldg., etc. (If EITHER, NOTIFY MEDICAL EXAMINER) | y. 21c. WHERE DID (City or town) (Count c. INJURY OCCUR? | y) (State) |
| | VRI esp | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? | |
| | 10 | OF INJURY While Not while at work | | |
| | OR e is | 22 Thereby contife that Y attacks 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 2 1017 E 611 10 St. | |
| | 20 | 22. I hereby certify that I attended the deceased from Feb. | | |
| | t t | alive on | 20/M, from the causes and on the date : | stated above. |
| | TYI | SIGNATURE | ADDRESS | E SIGNED |
| | SE COL | 23 BURNAL CREMATION, DATE THEREOF NAME OF CEMETER | | land DC. 19 |
| | PLEASE TYPE | REMOVAL (SPECIFY) | | county) (State |
| | LE | | lemethal falletand, | 11/a. |
| | Д | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS NO |
| | 100 | a 12/36 mo. Jas. Deverething | Lever O. Washington + Jos of | 7 Not 26 |
| | | } | | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18)2023

2. USUAL RESIDENCE (HOME) OF DECEASED:

56CERTIFICATE OF DEATH

Note This patient was the regular attendant of Dr. Smallwood ackies, 631 ns- S+ NW. Washington. D.C, with when I am associated. He had attended for over the past 5 years, sour her lest in & February 9, 1956. I saw her only me time, this every at about 8:00 Pm for the first time, and she expired in my autificate in the advice of Dr. John T. healing. Deputy Cerenor after telephone convenation. Frederick When Mr. D.





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 2 () 25

2004 CERTIFICATE OF DEATH

Reg. Dist. No. 243

| ~ 00 | | |
|--|--|---------------------------------|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Prince Georges MARYLAND | STATE D. C. COUNT | Y - |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and | give nearest town) |
| OR and give nearest town) TOWN Glenn Dale (rural) (in this place) 11 mos. | TOWN Washington | 47×-3 |
| HOSPITAL OR INSTITUTION OR | STREET (If rural give location) | 7 |
| STREET ADDRESS Glenn Dale Hospital | 302 E. Cap. St. | 1 |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) | (Last) 4. DATE (Month) (Day), OF DEATH: Feb 8/L | |
| RACE. WIDOWED DIVORCED. | OF BIRTH: 2 4, 1897 9. AGE iast birthday: If UNDER I YEA Months Day The state of the state o | |
| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Stockman 10b. KIND OF BUSINESS OR INDUSTRY: L. H. Slumpner | CC | TIZEN OF WHAT DUNTRY? USA |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Thomas J. Belt | Sarah E. Thompson | |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of | | |
| No service) - 578-03-7347 18. MEDICAL CERTIFICATIO | Decedent | |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO | u chara ferizedly coma and | I day |
| II. OTHER SIGNIFICANT CONDITIONS | D | • |
| Conditions contributing to the death but not related to the disease or condition causing death. | ary Merculps | 21 41/2 |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY ? |
| | | Yes No No |
| 2I. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE SPECIFY (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) | (COUNTY) (ST | ATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURED White at Not While INJURY m. INJURY At Work \(\) | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from .3/9/5. | 5.19 to 2/8 1956, that I last s | aw the deceased |
| alive on 2/8 1956, and that death occurred at 5 SIGNATURE (Degree or title) Glenn I Glenn I 3. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER | 7:30 P.M. from the causes and on the date st | ated above. |
| DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE | to Washington 24. FUNERAL DIRECTOR | APDRESS OF |
| REGISTRAY 8 56 Well Will | W.W. CHAMBERS 317 11- | 1. St. S.t. |

SECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2095

ect age

RESERVED FOR BINRING

MARGIN

especially important.

PLAINLY, is especially

WRITE

PLEASE

A15

S

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: A Prince Henral | 2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants give residence of mother) | 0 |
|--|--|---|
| County City or town X Co Dar Height | State M & County, Trince | 200- |
| (If outside city or town limits, write RUKAL and give nearest town) | City or town Cedar Heights | X |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nested | st town) |
| 904-64" aul. | Street No. J. G. G. Cuce, | |
| How long in hospital or institution? | 2.(a) It veleran, name war. /Yone o | |
| 3. (a) FULL NAME | 3. (b) Social Security Nu | umber |
| Mary Dens | SON None | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | 40 |
| Temale Regro Wishowed | 20. DATE DE DEATH Tely . 9 1956. | 10 P |
| 6,(b) Name of husband or wil | 21. I CERTIFY that death occurred on the date above stated; that I attended decease | ed from |
| 6.(c) It alive, give ageyears | 19.5./, to | 194.6. |
| 7. Birth date of | and that I last saw h A alive on | 19 5 6 |
| deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day | Immedia couse of death | DURATION |
| 5-9hrsmin. | Comen 5 Tracked | |
| Marian | 0 | ******************* |
| 9. Birthplace | Due to | *************************************** |
| 1D. Usual occupation | Due to | |
| 11, Industry or business None | | ******************** |
| 12. Name Chilsnum | Diher conditions | |
| 12. Name Unknum 13. Birthplace Unknum | (Include pregnancy within 3 months of death) | |
| 14. Maiden name, Susii Simmo | | |
| 14. Maiden name Susii Simms 15. Birthplace Seusii | Major findings of operations | |
| Cal & Louisia | Antoppy results. | |
| 16. Informant & And Franklin of N.W | PHYSICIAN: Please underline the cause to which death should be charged sto | atistically. |
| Address 404 Franklin 19, 11.00 | 22. VIOLENCE: It death was due to external causes, till in the following: | |
| (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year) | Accident, suicide, or homicide | |
| Cemetery or crematory | Where did injury occur? | (State) |
| Jacobian Washington D.C. | Injured at home farm, industry, public place (where?) | |
| Huma & Washington & Sons | Means of Injury Lajured at work? | |
| 18. Funeral director. NAMANA 200 (4) 200 (5) | 00//// | Ste |
| Address 467 N of N.W. Workington No Cy | 23. SIGNATURE CHILD Chineses. | Other |
| 15 Let. 10 1056 Carrie Campbell | Spal Easter Could 2 | 19/56 |
| (Date rec'd by registrar) Registrar | Address Doll Galle signed | foundayford Color |

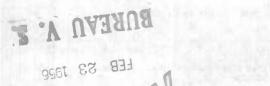
FEB 14 1956

BECEINED

VS.

| | STATE | DEPARTMENT | OF | HEALTH- | BALTIMOR | RE, | 18 | |
|------|-------|------------|----|---------|----------|------|-------|-----|
| 2045 | CEH | RTIFICATE | OF | DEATI | H | Reg. | Dist. | No. |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|---|
| COUNTY Prince Carres MARYLAND | STATE Md. COUNTY Tr. George's |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) (in this place) | CITY(If outside corporate limits, write RURAL and give nearest town) |
| 38 TOWN Cheverly + days | TOWN Hyattsville |
| HOSPITAL OR INSTITUTION OR PROPERTY GEORGES' General Hospital | STREET (If rural give location) ADDRESS 2421 Chapman Road |
| | (Last) 4. DATE (Month) (Day) (Year) |
| DECEASED: (Type or Print) (1/fcos.) | 0/10 C DEATH: 2 / 16 1956 |
| RACE: WIDOWED, DEVORCED, | OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS 24 HRS. 11-1895. 60 yrs. Hours Min. |
| OR INDUSTRY: even if retired: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | 14 MOTHER'S MAIDEN NAME |
| Christian Bolick | Grelchen susecke |
| (Yes, no, or unk.) (If Yes, give war or dates of services) | Hat; stic Card |
| 18. MEDICAL CERTIFICAT | TON INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) Acute | Kyo cansal Infaretim 4 large |
| ANTECEDENT CAUSE (S) | |
| DISEASES OR CONDITIONS, IF ANY. (B) Comman | uy arlenoscleron |
| GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. | |
| (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | N and a suppose of |
| | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR? |
| OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 2-1 | 1, 19/6, to 2-16, 19 %, that I last saw the deceased |
| alive on 2-1/, 19/6, and that death occurred at SIGNATURE | |
| | . D. 893; Ween lapel Rol Myatton like 1/16 |
| DEMOVAL REPECIEV) TO O CO. | resh Colman Manor Miles |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR ADDRESS IN A |



DECENTED

VS A15C 1-55 10M

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02028

CERTIFICATE OF DEATH 2096

Reg. Dist. No.

| 1. PLACE OF DEATH | | | 2. USUAL RESID | ENCE (HOME) OF D | ECEASI | D | | |
|---|---|-------------|-------------------------|-----------------------------|-------------|------------|-----------|---------|
| COUNTY Prince George's | MARYLANI | D | STATE Maryl | and COUNTY | Pr. | Georg | e s | |
| CITY (If outside corporate limits, write RURAL OR and give nearest lown) | LENGTH OF ST | AY | CITY (If outside co | rporate limits, writa RURAL | | | | |
| OR and give nearest town) Y TOWN Silesia | (in this place) 20 Year: | | TOWN Sile | sia | | | - | |
| HOSPITAL OR | 1 40 40 41 | | STREET | (if rural gi | va location |) | | |
| INSTITUTION OR STREET ADDRESS | | | ADDRESS 835 | 0- Livingstor | Roa | d S. | E. | |
| 3. NAME OF (First) | (Middla) | (L | ast) | 4. DATE (Mos | | (Dey) | (Yea | r) |
| (Type of Print) MAUDE E | . B(| OWER | | OF DEATH F | h. 2 | 3- | 19 | 56 |
| 5. SEX 6. COLOR OR 7. SINGLE, MA RACE WIDOWED, | RRIED, 8. | . DATE OF B | IRTH | 9. AGE last birthdey | IF UNDE | R 1 YEAR | IF UNDER | 24 HR5. |
| Female White (Spacify) M | arried | Feb. 6 | th. 1893 | 63 yrs. | Months | Days | Hours | Min. |
| | KIND OF BUSINESS | | BIRTHPLACE (State or fo | preign country) | 1 | | N OF WHA | T |
| | mestic | m- | lbury, Can | odo | | USA | TRY? | |
| 13. FATHER'S NAME | 100010 | ** | 14. MOTHER'S MAIDE | | 1 | USA | | - |
| I Indiana a san | | | | | | | | |
| Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY | V NO. | Unknown | A DDDCCC | | | - V | |
| (Yes, no, or unk.) (If Yas, give wer or dates of service) | io. SOCIAL SECORIT | 1 10. | | | | | | |
| | | | | Bower- 8350 | Livi | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT | H 18. MEDIC | AL CERTI | FICATION | | | | RVAL BETW | |
| 4-30. I IMMEDIATE CAUSE (A) ACUT | E CONGESTI | WE FAT | IDE | | | | | |
| 2011 20 | L CONCLUIT | VL PAL | LUILE | | | - 0 | days | |
| ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) COTO | nary occlu | sion | | | | 12 | days | |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | , | | | | | | uuyo | |
| Hype | rtensive a | rterio | sclerosis | | | 15 | year | S |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | | | | |
| 198. DATE OF OPERATION 196. MAJOR FINDING | S OF OPERATION | | | | | = 20 | . AUTOPS | Y? |
| | | | | | | YES | - Tables | |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (He OR CONTRIBUTING CAUSE OF DEATH OF INJURY stree (IF EITHER, NOTIFY MEDICAL EXAMINER) | ome, farm, factory, t, office bldg., atc.) | 21c. | WHERE DID INJURY OC | CUR? (City or town) | (Cot | unty) | (State) | |
| W | la. INJURY OCCURRED | ila 🦳 | HOW DID INJURY OC | CUR? | 141 | | nig si | |
| 22. I hereby certify that I attended the dec | eased from Dec | 8 | 1955 to F | eh 23 10 56 | that | I last say | u tha dae | |
| alive on F.eb. 23, 195.6, at | | | | | | | | |
| A SIGNATURE | id mai deam occi | .ui1eu ai | AE | DRESS (Street, city, tow | n. stata) | | OATE SH | |
| Ardney History | blind " | и. д. 7200 | Marlboro P | ike, S.E. Was | shing | ton 2 | | |
| 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) | NAME OF CEME | | | LOCATION (City, tow | n, or count | у) | (S | itate) |
| Burial Feb. 25-1950 | 6 Cedar Hi | ill Cer | netery | Suitland, | Mary | yland | | |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU | RE DO | 2/ 10 | 25. FUNERAL DIRECTOR | 'S SIGNATURE 1661 | Good | ADDRESS | e RD. | C F |
| DATE 124-36 6 chua | 7, Jette | husk | im man | N BAST WOO | hina | ton | o m. | O.E |

SEARVIAND STATE DEPARTMENT OF MEALTH-SALTIMOSS, 18

MEAN CERTIFICATE OF DEATH

a International government and a supplement

A SECURITY OF THE PROPERTY OF

man 7 for the first part bearing of the contract of the Contract of the and the state of t

BUREAU V. B.

9561 S 94M

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

CERTIFICATE OF DEATH

| MEDICAL EXAMINER S CERTIFICATE OF DEAT | II No. |
|--|---------------------------|
| I. PLACE OF DEATH: | D: |
| COUNTY COUNTY MARYLAND STATE I VIAME COUNTY | |
| CITY (If outside corporate mits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL | AL and give nearest town) |
| OR and give nearest town Cheverly 28 days TOWN Farmington | 5713 |
| HOSPITAL OR INSTITUTION OR A STREET ADDRESS | ation) |
| STREET ADDRESS Vimce Georgio San Hosp 64-Middle | Street 1 |
| 3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) OF | (Day) (Year) |
| (Type or Print) Sella Duslin Bradleyry DEATH d- | 4- 1256 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTY 9. AGE last birthday: IF UN Mont | that Days Hours Min. |
| remale White (Specify): Wall 10-18-001 74 yrs. | |
| work done during most of work life, INDUSTRY: | : 12. CITIZEN OF WHAT |
| even if retired): More Mass. | 459 |
| 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: | |
| along M. Smith Comma Dustin | ATTENDED TO SEE |
| 15. WAS DECEASED EVER TO U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 NFORMANT & ADDRESS: (Yes, no, or unk.) (177 s., give war or dates of | |
| service) | Same ad hoso. |
| 18. MEDICAL CERTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN |
| 823X (1300 - 60 0000 | ONSET AND DEATH |
| Immediate cause (a) DUE TO | |
| Antecedent cause(s) | |
| Diseases or conditions, if any, (b) DUE TO | |
| stating underlying cause last | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE (archiovascular renalclisas | 26 |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? |
| | Yes No |
| 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING COUNTY OF Street fine bldg etc., (City or town) | (State) |
| CAUSE OF DEATH. INJURY Sheet Thin Chelly 11 - 546 | - mol. |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while | mannian |
| INJURY 1-7-56 7.15 M. work at work of Automobile in Collection in | otherwandens |
| 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection | |
| find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Un | |
| GIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER | DATE SIGNED |
| John D. Maloney Hyattaville, M. D. ASSISTANT MEDICAL EXAM. | 12-4-56 |
| 8. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (CHAN town, | er county) / (State) |

Edism

registral's signature

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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certificate has 10M

A15C 1-55

th. After copy of

third

1. PLACE OF DEATH

(If outside corporate limits, write RURAL

COLOR OR

RACE

done during most of working life, even it

10e. USUAL OCCUPATION (Give kind of work

(First)

endigive neerest town)

COUNTY

CITY

TOWN

3. NAME OF

SEX

I D

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS

DECEASED

FATHER'S NAME

(Type or Print)

OR

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2097CERTIFICATE OF DEATH

MARYLAND

LENGTH OF STAY

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(Middle)

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OR INDUSTRY

SINGLE, MARRIED

WIDOWED, DIVORCED,

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| day | Feb- | DER 1 YEAR | IF UNDER Hours | 24 HRS |

| Ones 20lly | | 110 gue | 111 |
|--|-------------------------|---------------------|-------|
| WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INEORMANT & ADI | DRESS |
| (If Yes, give wer or detes of service) | no | Korie | Ma |
| ISEASES OR CONDITIONS DIRECTLY LEADING TO DE | 18. MEDICAL CERTIFIC | CATION | |
| DOX IMMEDIATE CAUSE (A) | cute In | eum | -a/ |

| | VVV J |
|-----|-------------------------------------|
| | INTERVAL BETWEEN ONSET AND DEATH |
| lan | 1 da |
| 1 | Ida ' |

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

ANTECEDENT CAUSE(S)

| 20. AUTOPSY? |
|--------------|
| 4_ |
| YES NO |

21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING I CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER) (Hour)

21b. PLACE (Home, ferm, fectory, OF INJURY street, office bldg_etc.

196. MAJOR FINDINGS OF OPERATION

21c. WHERE DID INJURY OCCUR? (City or town)

2. USUAL RESIDENCE (HOME)

(If outside corporete limits, write I

DATE

DEAT

OF

AGE lest birt

STATE

TOWN

STREET

ADDRESS

0

BIRTHPLACE (State or foreign country)

MOTHER'S MAIDEN NAME

OR

(Lest)

| | YES [| NO |
|----------|-------|---------|
| (County) | | (Stete) |

21d. TIME OF INJURY (Month) (Day) (Year)

21e. INJURY OCCURRED While Not while et work et work

21f. HOW DID INJURY OCCUR?

| ı | 22. I hereby certify that I | attended the deceased | from 786 11 1956 to | 7c6 16 1956 that 1 | last saw the decease |
|---|-----------------------------|-----------------------|--|----------------------------------|----------------------|
| ı | alive on Fet 15 | 19.5.6 and that | from File 1, 19 JG, to death occurred at 9 1/4 M, from the | the causes and on the date state | d above |
| Ì | SIGNATURE | | | ADDRESS (Street ally town state) | D |

BURIAL, CREMATION, DATE THEREOF

M. D.

REMOVAL (SPECIFY)

19a. DATE OF OPERATION

DUE TO

NAME OF CEMETERY OR CREMATOR

LOCATION (City, town, or county)

REC'D BY REGISTRAR

REGISTRAR'S' SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE

HTASC NO SYADINTENDENTH

BUREAU V. S.

PEB 'ST 1956

CR. See Legal and Mark Children. Appendit mallered



FEB 20 1956

DECENED

BECEINED

FEB 27 1956

LEB 17 1956 DECEIVE

BUREAU V. S.

PLEASE

VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02034

| 2049 CE | RTIFICATE | OF | DEATH |
|---------|-----------|----|-------|
|---------|-----------|----|-------|

Reg. Dist. No. 23/

| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME) OF DECEAS | ED: |
|---|---|---|-----------------------|
| COUNTY PRINCE & EO | POF MARYLAND | STATE DIE COUNTY | |
| CITY (If outside corporate limits, write R | | CITY(If outside corporate ilmits, write RURAL | and give nearest town |
| OR and give nearest town) | (in this place) | OR TOWN ALACLA | |
| INCURRIG. | 1 DAYS | VUTEDINGIO | 11 + 11 |
| HOSPITAL OR INSTITUTION OR | | STREET (If rural give location | 1) |
| 9 STREET ADDRESS ACORDA | RESTHOME | | EST.NEV |
| 3. NAME OF (First) | (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| OECEASED: (Type or Print) TOSEPHINE | | LAUTON DEATH FEB | 2 195% |
| 5. SEX: 6. COLOR OF 7. SINGLE. | MARRIED. 8. DATE | OF B/RTH: 9. AGE last birthday IF UNDER | |
| RACE: WIDOWE (Specify) | WidowEd MAY | 20 1868 87 yrs. Months | Days Hours Min. |
| OA. USUAL OCCUPATION (Give kind of 10) | B. KIND OF BUSINESS/ | 11. BIRTHPLACE (State or foreign country): 12 | |
| work done during most of working life even if retired): Howsewife | OR INDUSTRY: | Town | COUNTRY |
| 13. FATHER'S NAME: | HOME | 14. MOTHER'S MAIDEN NAME: | WON. |
| O NAME: | | 14. MOTHER'S MAIDEN NAME: | |
| GEO. MINER WI | 9/ERS. | MARY ECRLL | 2 |
| S. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | | Ruth LOREY-715K | NWRENCEST |
| | 18. MEDICAL CERTIFICAT | NOIT | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY | LEADING TO DEATH | | ONSET AND DEATH |
| 4421 | 11 st on | 110 | 2001 10-2.1 |
| IMMEDIATE CAUSE | (A) /W/W/ | | - 1-10 sea |
| ANTECEDENT CAUSE (S) | DUE TO | 11000 0000 | 10 110 1 |
| DISEASES OR CONDITIONS, IF ANY. | (B) S grave | or cuer una | 10 2/10 |
| GIVING RISE TO THE ABOVE CAUSE | DUE TO LUNGER | 0-1 | |
| STATING UNDERLYING CAUSE LAST. | (c) arleru | debrose. | 10 000 |
| II OTHER SIGNIFICANT CONDITIONS CO | | 0.01100011 | 1 |
| TO THE DEATH BUT NOT RELATED TO | | our left selled | de |
| DISEASE OR CONDITION CAUSING DI | FINDINGS OF OPERATION | N | |
| 194. DATE OF OPERATION: 198. MAJOR | FINDINGS OF OPERATIO | Ν / | 20. AUTOPSY? |
| | | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21 DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | s. PLACE (Home, farm, fac INJURY street, office bldg., | tory, 21c. WHERE DID (City or town) (Cou | nty) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) | 21E INJURY OCCURRED | 2 21F. HOW DID INJURY OCCUR? | |
| OF TNJURY | While Not while | Elli Mon Bib Modili Goddin | |
| М. | at work L at work L | | |
| 22. I hereby certify that I attended th | e deceased from Jan | 10, 1956, to Jel 2, 1956, that I las | st saw the deceased |
| 0.10 11 | | 11 /34 | |
| | that death occurred at | | |
| SIGNATURE | LOIUI | 19 9 9 minara 1 15 | TE SIGNED |
| to orth | | 1. D. If the forthand | 1/ |
| 23. BURIAL, CREMATION, DATE THEREC | NAME OF CEMET | ERY OR CREMATORY LOCATION (City, town, | or countyl. (State |
| Bunial Jah7-11 | 56 FORT LI | MEDLAN PRINCE PE | Co. MI |
| DATE REC'D BY LOCAL REGISTRAR'S | | 24. FUNERAL DIRECTOR | ADDRESS LAIN |
| REGISTRAR, | 1 100 | Mac II Vinna A Tonici | 4/ -/ 1/ 1/11 2 |
| 2/0/36 Minaud | a Shillsey | 110E3.4.4/NES/6,2461-14 | 90 ST N. 48: V. |

SECENAE

| (Ni | 10 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 1 2050 CERTIFICATE OF DEATH Reg. Dist. | 2035 No. 2145 |
|-------------|--|--|---|
| | information carefully clearly and legibly. | 1. PLACE OF DEATH: COUNTY IT, Geo. County MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) HOSPITAL OR INSTITUTION OR HE A nd Memorial Hospital Address 4468 Augustus 1468 Augus | ward |
| * | causes of death c | DECEASED: (Type or Print) C. C. C. DEATH: DEATH: DEATH: S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify) WIDOWED, DIVORCED, Sunce 2-1869 Yes. Widows Divorced, Specify) Widows Divorced, Specify) Windows Divorced, Specify TOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. | Hours Min. |
| FOR BINDING | K. Supply write the c | work done during most of working life. even if retired): 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. WAS DECEASED EVEN IN U.S. ARMED FORCES IS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) | nett |
| RESERVED F | UNFADING IN | 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) DOT MILLIONE ANTECEDENT CAUSE (S) | INTERVAL BETWEEN ONSET AND DEATH |
| MARGIN I | , WITH ant. Phy | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| * | PLAIN | 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY7 YES NO (State) |
| | WRITE PI | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work | |
| 10 - 53 | SE TYPE OR | 22. I hereby certify that I attended the deceased from the S, 1936 to the S, 1936, that I last alive on the S, 1936, and that death occurred at 3 MM, from the causes and on the date s SIGNATURE M. D. | |
| VS. A15 — | PLEASE | 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PLANT - 56 MA. JAS. DENEROL MALL AND LOCAL MEDISTRAR'S SIGNATURE 124. FUNERAL DIRECTOR CONTROL OF THE CON | County) (State) Maryland ADDRESS amel, Mcl |

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NAME OF CEMETERY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

Reg. Dist. No.

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) (If rural give location) (Month) (Day) (Year) 9. AGE last birthday IF UNDER Months Days Hours yrs. 11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF WHAT COUNTRY? 67 ang -INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES [21c. WHERE DID (City or town) (County) (State) DATE SIGNED 7315LONDOUEL (State) LOCATION (City, town, or county)

ASE

23. BURIAL.

REMOVAL

DATE REC'D BY LOCAL

CREMATION

(SPECIFY)

EEB SA 1820

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| ct | MARTLAND STATE DEFARIMENT OF HEALTH—BALTIMORE, 18 | neg. Dist. |
|------------------------------|---|--------------------|
| orre | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | No. 242 |
| 9 | 1. PLACE OF DEATH; 2. USUAL RESIDENCE (HOME) OF DECKASED: | |
| The ly. | COUNTY Trues. Genges, MARYLAND STAT Warylangounty True | gerren |
| | CITY (If outside corporate limit, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and | give nearest town) |
| ful | OR and give nearest to(h) TOWN Cheer Marlbo | us x |
| n care y and | HOSPITAL OR INSTITUTION OR 5440 Silver Hell Road STREET ADDRESS (If rural, give location) | |
| of death clearly and legib | 3. NAME OF DECEASED: (First) (Middle) (Last) 4. DATE (Month) (Day OF Type or Print) Curties DEATH Follows | (Year) 25-1956 |
| infor | yrs. | ays Hours Min. |
| | 10a. USUAD OCCUPATION (Give kind of lob. KIND OF RUSINESS OR lil. BIRTHPLACE (State or foreign country): 12 | CITIZEN OF WILAT |
| cau | | Holley |
| Supply ev | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) | ddun |
| Sup | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN |
| | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | ONSET AND DEATH |
| JINK. | Immediate cause (a) Congestive near failure Crienale | den |
| G. | DUE TO | |
| IN: | Antecedent cause(s) Diseases or conditions, if any, (b) | |
| AD cia | giving rise to the above cause DUE TO | |
| YSi | stating underlying cause last (c) | |
| H UNFADING t. Physicians: | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| LY, WITH important. | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? |
| tr.Y, | 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY (County) | (State) |
| PLAINLY, specially im | 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while injury M. work at work | |
| E Pespe | 22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection | , Inquiry , and |
| ITE is e | find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undete | DATE SIGNED |
| 0.0 | M D. ASSISTANT MEDICAL EXAMINER | 221512 |
| Wage | M. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co | ounty) (State) |
| SE | REMOVAL (Specify): 0/00/50 | |
| EA | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR | ADDRESS |
| PL | maris, 56 Carrie Cambrell Ritchie Brog. Upper Mar | lboro, Md. |
| | | |

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| 100 | | Sici | 0 | the registrar prior to burial, cremation or removal and in any event within 22 hours after death |
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| - | | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camples of fill | page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages | |
| ٧ | S | AIS | (4) | |
| 1 | SM | 9/ | 22 | |
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| -MARYLAND ST. | | ENT OF HEALTH ATE OF DEATH | —BALTIMORE, 1 | Reg. Dist. No | 2040 |
|---|--|--|---|------------------|--|
| 1. PLACE OF DEATH o. COUNTY Prince (Slaves) | MARYLAND | 2. USUAL RESIDENCE (Whe | ere deceased lived. If institution b. COUNTY | | |
| RURAL and give nearest town | ENGTH OF STAY IN 16 | c. CITY OR JOWN (If a | utside carporote limits, write RI | JRAL and give no | earest (own) |
| d. NAME OF HOSPITAL (If not in hospitol, give street oddre OR INSTITUTION Mantagamen | st St | d. STREET ADDRESS 382 M | ain St | 1 | e. IS RESIDENCE ON A FARM? YES NO SK |
| 3. NAME OF DECEASED (Type or print) | W. Middle | lave | 4. DATE OF DEATH File | th C | 2/1956 |
| 5. SEX 6. COLOR OF RACE 7. MARRIED WIDOWED | NEVER MARRIED DIVORCED | Perne 15. 18 | 9. AGE (In years lost birthdoy) 9. Yrs. | Months Days | R IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired) | OF BUSINESS OR INDO | STRY 11. BIRTHPLACE (SHOP O | or foreign country) | 12. CITIZEN | OF WHAT COUNTRY |
| 13. FATHER'S NAME Chrus Can | e | 14. MOTHER'S MAIDEN NA | Silk | utt. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI | AL SECURITY NO. 17. 1 | Mota Da | ne Was | ess herist | in DC |
| 18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO | (o), (b), and (c). | Ocesasi | co | | TERVAL BETWEEN NSET AND DEATH |
| Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (b) | teriosc | lerosis | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTI | RIBUTING TO DEATH BUT | NOT RELATED TO THE TERMIN | HAL DISEASE CONDITION GIVE | EN IN PART 1(o) | 19. WAS AUTOPSY PERFORMED? YES NO |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOW INJURY OCCURRE | D. (Enter noture of injury in Po | art I or Part II of item 18.) | | |
| Haur a.m. White | Y OCCURRED 20e. PL Not while at work 1 | ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) | 20f. (City or town) | (County | (Stole) |
| 21. I certify that I attended the deceased for alive an Feb 21 1956 | , and that death | | M, fram the causes a DDRESS (Street, city or town, the cause) | nd an the de | saw the deceased ate stated above. DATE SIGNED |
| PHYSICIAN'S Frank L. Weaver | Jr | | | | |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c REMOVAL (Specify) | Long Hell | R CREMATORY | 22d. LOCATION (City, town, o | r county) | (Stote) |
| 23. FUNERAL DIRECTOR'S SIGNATURE | AUTO TH | d DATEFU | BY REGISTRAR 24b. REGIS | TRAR'S SIGNATURE | shear |

-MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| ELAL DE HEALTHE-BALTHMORE, 18 | MARYER STATE CHARLES AND STATE DEPARTM |
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| BUREAU V. S. | |
| FEB 38 1056 | |

2101

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24.5

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| The | 1. PLACE OF DEATH COUNTY GENERAL BEOVES MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEA STATE TO | SED. COUNTY |
| of information carefully. | CITY (If Autside corporate limits, write RURAL and OR give mearest town) TOWN TOWN INSTITUTION OR INSTITUTION OR STREET ADDRESS OR INSTITUTION OR STREET ADDRESS OR TOWN TOWN STREET (If rural, give ADDRESS 400 F 417 f 421 | cHills Md. X |
| nation ırly an | 3. NAME OF DECEASED JOHN PORTER EDWARDS OF DEATH | Month) (Day) (Year) |
| inform th clea | 6. COLOR OR RACE 7. SHNGLE, MARRIED, WIDOWED, DIVORCED, FCO. 10.1883 72 yrs | Months Days Hours Min. |
| of dear | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. Country 13. FATHER'S NAME | 12. CITIZEN OF WHAT COUNTRY? |
| Supply every item write the causes of | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT | |
| ly eve | (Yes, no, or unknown) (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION | clo |
| Supp | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATE |
| INK. please | 33/X Immediate cause (a) 1 crumal Incumorus | 1 0 34 |
| UNFADING I t. Physicians: 1 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Landbur Vascular accident | & 4 dexys |
| P-4 | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| TH U | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes \(\text{No} \(\text{D} \) |
| wi impo | 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, CITY OR TOWN) SUICIDE OF office bidg., etc.) INJURY (CITY OR TOWN) | (COUNTY) (STATE) |
| INLY | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While At work | |
| PLA is espe | 22. I hereby certify that I attended the deceased from Left 1953, to Feb. 2, 1955, the | |
| WRITE PLAINLY, WITH U is especially important. | alive on Feb. 2., 1955 and that death occurred at | he date stated above. DATE SIGNED |
| | 23 BUREAL CREMATION DATE THE KNOF NAME OF CHARTERY OR CREMATORY LOCATION (City, to REMOVAL (Specify) | wn, or county) (State) |
| PLEASE | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25. FUNERAL DIRECTOR | ADDRESS |
| н | 2901-14th St., Was | hinglin, D. C. |

VS. A15

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The correct age

MARGIN RESERVED FOR BINDING

DECENALD

| ~ | . 0 3 | | | | | Reg. Dist. | No.ol / |
|--|-------------------|------------------------------|----------------------------|------------------|-------------------------------|--------------------|-------------------------------|
| 1. PLACE OF DEATH o. COUNTY | | | 2. USUAL RESIDEN | CE (Where dec | eased lived. If institu | ution: Residence 1 | before admission) |
| Prince Ge | eorge's | MARYLAND | | aryland | B. COUN | rince Ge | orge's |
| b. CITY OR TOWN (If outside corpord RURAL and give nearest town) | ote limits, write | c. LENGTH OF STAY IN 16 | | | corporate limits, write | RURAL and give | nearest town) |
| 38 Cheverly | | 7 Days | Ur | niversi | ty Park Mo | l. × | |
| d. NAME OF HOSPITAL (IF not in hos | pital, give stree | et address) | d. STREET ADDI | | | - 1 | e. IS RESIDENCE ON A FARM? |
| // Prince George's | Gener | al Hospital | 670] | L Wells | Parkway | | YES NO |
| 3. NAME OF DECEASED | First | Middle | Lost | 4. DA | ATE M | onth | Day Year |
| | roline | Garnar | Evans | DE | ATH | Feb 27, | 19 56 |
| 5. SEX 6. COLOR OR | RACE 7. MA | RRIED NEVER MARRIED | 8. DATE OF BIRTH | | 9. AGE (In year lost but bdoy | | EAR IF UNDER 24 HPS |
| female white | WIDOV | WED DIVORCED | Nov 29, | 1869 | 86 уг | | ys Hours Min. |
| Oa. USUAL OCCUPATION (Give kind of during most of working life, even if | work done 10 | b. KIND OF BUSINESS OR INDU | JSTRY 11. BIRTHPLACE | (State or forei | ign country) | 12. CITIZE | N OF WHAT COUNTR |
| Housewi | | Own home | Ne | w York | | U | SA |
| 3. FATHER'S NAME | | | 14. MOTHER'S MA | IDEN NAME | | | 1 |
| Willia | em H. G | arnar | Elj | Lza Kaso | caden | | |
| S. WAS DECEASED EVER IN U. S. ARME | | 6. SOCIAL SECURITY NO. 17. | INFORMANT | - | Ac | ddress | |
| [Yes, no. or unknown] If yes, give wor or d | ores or service) | none | Hospital re | cords | Cheverly | , Maryl | and. |
| 18. CAUSE OF DEATH [Enter only | one couse per | line for (a), (b), and (c).] | | | | 11 | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSE IMMEDIATE CA | D 8Y: | lu a cardia | Pole. | . RR | i do ac | | ONSET AND DEATH |
| 1 | UE TO | | () | 100 | | | |
| Conditions, if any, which | | Done of. | :00 Co- | 10 . in | CONTON. | | |
| gave rise to immediate | (b) | | 200 | | 3 | | |
| lying couse lost. | (c) | | 100 | | | | |
| | | CONTRIBUTING TO DEATH BU | T NOT RELATED TO TH | E TERMINAL DIS | SEASE CONDITION O | IVEN IN PART 16 | ol 19. WAS AUTOPSY |
| A L | | | | | | | PERFORMED? |
| PART H. OTHER SIGNIFICAN PART H. OTHER SIGNIFICAN DIAMOND CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM | □ 20b. DE | ESCRIBE HOW INJURY OCCURR | ED. (Enter nature of inj | ury in Port I or | Part II of item 18.) | | 1 100 |
| OR CONTRIBUTING CAUSE OF D | PEATH INER) | | | | MINTER OF | | |
| 3 20c. TIME OF INJURY Month, Do | y, Year 20d. | INJURY OCCURRED 20e. P. | LACE OF INJURY (Hom | ie, form, 20f. | (City or town) | (Cour | nty) (State |
| Hour o. jn. | 19 Whil | | octory, street, office blo | g., etc.) | | | (5.50 |
| | | | 112 | 7 = 1 | 7 7 | -/ | |
| 21. I certify that I attended | d the deced | ~1 | 1954, 1 | 0 3-3 | | | t saw the deceas |
| alive an a 2 2 6 | , 19_ | مر عامل and that death | h occurred at | M, 1 | fram the causes | and on the | date stated abay |
| ACTUAL (0) | 0+ | | 111. | ADDRES | SS (Street, city or tow | stote) | DATE SIGN |
| SIGNATURE | 4/ | | M.D. Sold | 10174 | 11,0110 | | did8 |
| PHYSICIAN'S NAME (Type) | 4 | | | | | 131 | |
| 220. SURIAL, CREMATION, 226. DATE T | HEREOF | 22c. NAME OF CEMETERY | OR CREMATORY | 22d. LC | OCATION (City, town | , or county) | (State) |
| Burial Mar | 2, 1956 | Greenwood (| Cemetery | | Brooklyn, | | k, |
| 23. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | | o. REC'D BY RE | | SISTRAR'S SIGNA | |
| F. Gasch's Sons | Hyatts | ville, Marylan | d. DA | TE 2/28 | 156 Uma | rda. di | burney |
| | | | - | / / | V V | | |

y filled in by the funeral director, ages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed a may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and campapage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

ithin 24 hours after death. Page 4

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The Benefit of the state of the

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2411 N. Charles Street, Baltimore

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2102

CERTIFICATE OF DEATH

Reg. Dist. No. 243

| DESCRIPTION OR STREET ADDRESS (First) (Middle) (Last) (Last) (DATE (Applicable Country Mary 1970) (Part 1970) (Par | | |
|--|--|---|
| HOSPITAL ON STREET ADDRESS J. NAME OF (Pirst) DECKASED (Type of Print) S. SEX G. COLOR OR RACE T. SINGLE, MARRIED Willower, D. Willower, D. Willower, D. Willower, D. Willower, D. Willower, D. DATH Color of Race Willower, D. Willower, D. Willower, D. Willower, D. DATH Color of Race Willower, D. Willower, D. Willower, D. DATH Color of Race Willower, D. Willower, D. Willower, D. DATH Color of Race Willower, D. Willower, D. Willower, D. DATH Color of Race Willower, D. Willower, D. Willower, D. DATH Color of Race II. BIRTLE PAGE (State or foreign country) II. BIRTLE PAGE (State or foreign country) II. BIRTLE PAGE (State or foreign country) II. WAS DECRASED EVER IN U.S. ARMED FORWER, D. WILLIAM OF DESINSS OR III. BIRTLE PAGE (State or foreign country) II. WAS DECRASED EVER IN U.S. ARMED FORWER, II. SOCIAL SECURITY NO. III. WAS DECRASED EVER IN U.S. ARMED FORWER, II. SOCIAL SECURITY NO. III. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Intimediate cause (a) Antecodent cause(s) Diseases or conditions, II any, (b) III. STREET AND ESS III. BIRTLE PAGE (State or foreign country) III. BIRTLE PAGE (State or foreign country) III. BIRTLE PAGE (State or foreign country) III. MORHER'S MAIDEN NAME III. MORHER'S MAIDEN NAME III. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Intimediate cause (a) Antecodent cause(s) Diseases or conditions, II any, (b) III. STREET AND III. SOCIAL SECURITY NO. III. DIRECTLY LEADING TO DEATH III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but an eath. III. OTHER SIGNIFICANT CONDITIONS III. DATE OF OFERATION III. DATE OF OFERATION III. DATE OF OFERATION III. MANDER FINDENGS ON OFERATION III. STREET AND III. AND | COUNTY CO. MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY |
| HOSPITAL ON STREET ADDRESS J. NAME OF (Pirst) DECKASED (Type of Print) S. SEX G. COLOR OR RACE T. SINGLE, MARRIED Willower, D. Willower, D. Willower, D. Willower, D. Willower, D. Willower, D. DATH Color of Race Willower, D. Willower, D. Willower, D. Willower, D. DATH Color of Race Willower, D. Willower, D. Willower, D. DATH Color of Race Willower, D. Willower, D. Willower, D. DATH Color of Race Willower, D. Willower, D. Willower, D. DATH Color of Race Willower, D. Willower, D. Willower, D. DATH Color of Race II. BIRTLE PAGE (State or foreign country) II. BIRTLE PAGE (State or foreign country) II. BIRTLE PAGE (State or foreign country) II. WAS DECRASED EVER IN U.S. ARMED FORWER, D. WILLIAM OF DESINSS OR III. BIRTLE PAGE (State or foreign country) II. WAS DECRASED EVER IN U.S. ARMED FORWER, II. SOCIAL SECURITY NO. III. WAS DECRASED EVER IN U.S. ARMED FORWER, II. SOCIAL SECURITY NO. III. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Intimediate cause (a) Antecodent cause(s) Diseases or conditions, II any, (b) III. STREET AND ESS III. BIRTLE PAGE (State or foreign country) III. BIRTLE PAGE (State or foreign country) III. BIRTLE PAGE (State or foreign country) III. MORHER'S MAIDEN NAME III. MORHER'S MAIDEN NAME III. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Intimediate cause (a) Antecodent cause(s) Diseases or conditions, II any, (b) III. STREET AND III. SOCIAL SECURITY NO. III. DIRECTLY LEADING TO DEATH III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but an eath. III. OTHER SIGNIFICANT CONDITIONS III. DATE OF OFERATION III. DATE OF OFERATION III. DATE OF OFERATION III. MANDER FINDENGS ON OFERATION III. STREET AND III. AND | CITY (If outside corporate limits write RURAL and LENGTH OF STAY OR give hearts town) (n displace) | OR MI |
| DECRASED Type of Princ) Type of Type | HOSPITAL OR INSTITUTION OR | STREET (If rural, give location) |
| SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WILDORGED, WILDORGED, WILDORGED, WILDORGED, WILDORGED, Specify) 8. DATE OF BIRTH 9. AGE last birthday If under year If under year Months Days Hors Min. Months | DECEASED | OF 17 |
| 10. Kind of Phishes on In Birth Page (State or foreign country) 13. FATHER'S NAME 14. MORHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FOREST (Type, or unknown) (If yes, give, wayr or date of the country) 16. Kind of Phishes on In Birth Page (State or foreign country) 17. INFORMANT 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. DATE SIGNIFICANT CONDITIONS (b) private and private anamed and private and private and private and private and private | 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specity) | 8. DATF OF BIRTH 9. AGE last birthday II under 1 year II under 24 hrs. Months Days Hours Min. |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last conditions contributing to the death but not related to the disease or conditions, If any, giving rise to the above cause stating the underlying cause last 19. DATE OF OPERATION 20. AUTOPSY: Yes No. 19 21. ACCIDENT (Specify) OF office bidg., etc.) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Walle at Not While at Not While at Not While SIGNATURE 27. BURTAL CERMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Lova, at Cety). (State) DATE SIGNATURE 27. BURTAL CERMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Lova, at Cety). (State) DATE SIGNATURE 28. AUTOPSY: ADDRESS A LUNERAL DIRECTOR ADDRESS A LUNERAL DIRECTOR ADDRESS A LUNERAL DIRECTOR ADDRESS | Ton. USUAL OCCUPATION (Give kind of work denerduring most of working life, even if retired) LUDUSTRY | GOUNTEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Conditions contributing to the death but not related to the disease or condition causing death. To ACCIDENT SUICIDE SUICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED FINJURY TIME (Month) (Day) (Year) (Hour) Work At work 22. I hereby certify that I attended the deceased from the causes and on the date stated above. SIGNATURE 23. AUTOPSY: Work Not Walle work 24. AUTOPSY: The conditions contributing to the death but not related to the disease or condition causing death. The conditions contributing to the death but not related to the disease or condition causing death. The conditions contributing to the death but not related to the disease or condition causing death. The conditions contributing to the death but not related to the disease or condition causing death. The conditions contributing to the death but not related to the disease or condition causing death. The conditions contributing to the death but not related to the disease or condition causing death. The conditions contributing to the death but not related to the disease or condition causing death. The conditions contributing to the death but not related to the disease or conditions and the death of the contribution | 13. FATHER'S NAME | Quie Windsor |
| Immediate cause Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No by SUICIDE OF office bildg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED How DID INJURY OCCUR? FINJURY Mylie at Not Walle Work At work 22. I hereby certify that I attended the deceased from the causes and on the date stated above. SIGNATURE DATE SIGNATURE DATE SIGNATURE 23. AUTOPSY? Yes No by SIGNATURE How DID INJURY OCCUR? OF office bildg., etc.) INJURY How DID INJURY OCCUR? OF OF OPERATION DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, n. covyl.) 24. AUDRESS DATE SIGNATURE SIGNATURE AUDREAL DIRECTOR 25. BURNAL CREMATION DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, n. covyl.) 26. AUDRESS DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE 27. BURNAL CREMATION DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, n. covyl.) 28. AUDRESS DATE SIGNATURE D | (Yes 10, or unknown) (If yes, give war or data of | 17. INPORMANT Bladenshy hels |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDENGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) 22. AUTOPSY? Yes No 15 TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Not Work At work 22. I hereby certify that I attended the deceased from A to the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS 24. AUTOPSY? 25. AUTOPSY? Yes No 15 COUNTY) (STATE) ADDRESS DATE SIGNED 26. AUTOPSY? ADDRESS DATE SIGNED 27. AUTOPSY? Yes No 15 COUNTY) (STATE) COUNTY (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) COUNTY (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) COUNTY (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) COUNTY (COUNTY) (CO | | TERVAL BETWEEN |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 13 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from At work At work At work 23. I hereby certify that I attended the deceased from At work And | Immediate cause (a) Branchappine | umonia bilateral 3 heek |
| Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or conditions contributing to the death. Conditions contributing to the death but not related to the disease or conditions contributing to the death of t | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | tie heurt disense zero |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (STATE) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (STATE) 22. IMPRIME (Month) (Day) (Year) (Hour) While at Not Work At work 1955, and that death occurred at m., 1955, to Fed., 1955, that I last saw the deceased alive on 1955, and that death occurred at m., from the causes and on the date stated above. SIGNATURE 2. BURRIAL CASMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, tolyn, ar cetyl)) (State) 2. BURRIAL CASMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, tolyn, ar cetyl)) (State) 2. BURRIAL CASMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, tolyn, ar cetyl)) (State) 2. BURRIAL CASMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, tolyn, ar cetyl)) (State) 2. BURRIAL CASMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, tolyn, ar cetyl)) (State) 2. BURRIAL CASMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, tolyn, ar cetyl)) (State) | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | - love & trenatees 4 hents |
| 21. ACCIDENT SUICIDE OF office bldg., etc.) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work INJURY 22. I hereby certify that I attended the deceased from At work Injury occurred at Injury occurre | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While Not W | SUICIDE OF office bldg., etc.) | |
| alive on | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While | HOW DID INJURY OCCUR? |
| 2. BURIAL CASMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, ar edgyly) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS | 22. I hereby certify that I attended the deceased from Oct. | 1955, to Fel Y , 1956, that I last saw the deceased |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS | alive on Feb 1 , 1956, and that death occurred at | ADDRESS DATE SIGNED |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS | Have Kust mD | RFD Bowie md 2/4/56 |
| REG. III | | hard autions allegans & sale bearing, may |
| | REG. LA (RIACI) | ADDRESS MA - Hattanle & Me |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

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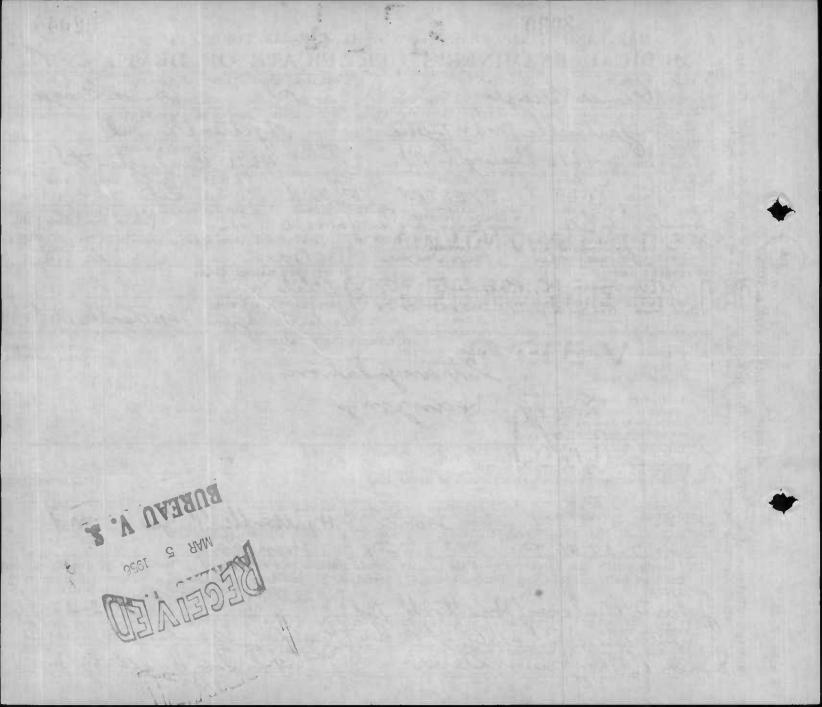
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EUREAU V. E.

FEB 7 1956



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2056 CERTIFICATE OF DEATH

Reg. Dist. No. 23/

| # NOOU CERTIFICATION | E OF BEATH Reg. Dis | st. No. |
|--|---|-----------------------|
| 1. PLACE OF OEATH: | 2. USUAL RESIDENCE (HOME) OF DECEAS | EO: |
| A | Octo. 1 . O | |
| COUNTY POCINCE GEORGES MARYLAND | STATE // Way and COUNTY MI | |
| OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) | CITY(If outside/corporate limits, write RURAL | and give nearest town |
| Town Checkly 7 days | TOWN Lanham. | X |
| HOSPITAL OR | STREET (If rural give location | n) / |
| INSTITUTION OR PRINCE (GOL) | AOORESS Rt 2 - Box 13 | |
| PRINCE GOO. GEN AGSD | 101 - 30 1./3 | |
| 3. NAME OF (First) (Middle) OECEASED: | (Last) 4. DATE (Month) OF | (Duy) (Year) |
| (Type or Print) DORA L. FOKS | | 2 1956 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. OATE WIOOWEO, OIVORCEO, | 7 | |
| Temale white (Specify): 1.d. | 4-1870 85 yrs. Months | Days Hours Min. |
| OA. USUAL OCCUPATION (Give kind of) 10B, KINO OF BUSINESS | | CITITED OF THE |
| work done during most of working life, OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12 | COUNTRY? |
| even if retired): NON 2 | Washington d. 6. | U.S. HTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIREN NAME: | |
| 10 41 0 | 10.00 | |
| John Henry Long | Susan Miller | |
| B. WAS DECEASED EVER IN U. ARMED FORCES 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| Yes, no, or unk.) (If Yes, give war or dates | Statistic Card | |
| no of service) | 1 SIMILITE CONG | |
| 18. MEDICAL CERTIFICA | TION | INTERVAL BETWEE |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 1 | ONSET AND DEAT |
| 450.1 Hen | t latting | |
| IMMEDIATE CAUSE (A) | fucure | montas |
| ANTECEDENT CAUSE (8) OUE TO | ly I artersilirosis | |
| DISEASES OR CONDITIONS, IF ANY. (B) | and a constitution | Jeans |
| GIVING RISE TO THE ABOVE CAUSE OUE TO STATING UNDERLYING CAUSE LAST. | 0 | |
| (C) | | |
| TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| TO THE DEATH BUT NOT RELATED TO THE | | |
| OISEASE OR CONDITION CAUSING OEATH. | | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | ON / / | 20. AUTOPSY? |
| 27 Jan 56 Dry gangren | e of ley | YES NO W |
| 21A. ACCIDENT WAS UNDERLYING 216. FLACE (Home, farm, fac | | inty) (State) |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while | D 21F. HOW DID INJURY OCCUR? | |
| OF INJURY M. While at work at work | | |
| , | | |
| 22. I hereby certify that I attended the deceased from | 26, 1996, to 212, 1926, that I la | st saw the decease |
| alive on 3/2, 19 56, and that death occurred at | t /, M, from the causes and on the date | stated shows |
| SIGNATURE D | | ATE SIGNED |
| John J. 7. Sayly | 575 64. NA | 124/56 |
| | 11. 0. | on country) |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET | TERY OR CREMATORY LOCATION (City, town, | or county) (Stat |
| | a Cemetery Colman Mon | or Pulson m |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | A DADDRESS |
| | | 1.4.100 |
| Flore 5 1956 linanda Sourcey | nalley's Funeral Home mt | Rainer mol |

VS. A15 — 10 - 5

M

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2057 CERTIFICATE OF DEATH

Reg. Dist. No. 23/

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE | (HOME) OF DECEASE | D: D |
|--|--|---------------------------|------------------------|
| COUNTY TRINCE CTEORGES MARYLAND | STATE////YLA | VD COUNTY PIN | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR application of the place) | CITY(If outside corpor | ate limits, write RURAL | and give nearest town) |
| 38 TOWN CHEVERLY 2 DAYS | TOWN DUITZ | AND | × |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS HOM | (If rural give location |) |
| 3. NAME OF (First) (Middle) | (Last) 4 | | (Day) (Year) |
| DECEASED: (Type or Print) Walter F. Fice | derick | OF DEATH: 2 | 7 19 56 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. | OF BIRTH: 9. AG | last birthday Months yrs. | Days Hours Min. |
| 10A. USUAL OCCUPATION (GIVE kind of 10B. KIND OF BUSINESS OR INDUSTRY: OR INDUSTRY: 13. FATHER'S NAME: | 11. BIRTHPLACE (State) NILKES DAR 14 MOTHER'S MAIDEN | RE. PA. | COUNTRY WHAT |
| HOMAS F. PEDERICK | 17. INFORMANT & ADI | RESS: 1/4 A | // |
| (Yes, Mar unk.) (If Yel/give war or dates of service) W | Moc Favry I Fo | 16850 | HOMER AVE |
| 18. MEDICAL CERTIFICAT | TION | EVERICK- JUI | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | . 1 - 1 | | ONSET AND DEATH |
| 335 X | 71. | 1+ | |
| IMMEDIATE CAUSE (A) LETE SE A | 1 1 n n om Dosis | night | 133W |
| ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) | Anterioschero | 5:0 | 2 |
| STATING UNDERLYING CAUSE LAST. | zed Anterios | sclerosis | 7 |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | N | | 20. AUTOPSY? |
| 2 | | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor on Contributing Cause of Death OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) | etory. 21c. WHERE DID (, etc. INJURY OCCUR? | City or town) (Cour | nty) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | D 21F. HOW DID INJUR | Y OCCUR? | |
| 22. I hereby certify that I attended the deceased from 12/1000 alive on 26/56 19, and that death occurred at SIGNATURE | 207 A | uses and on the date | |
| PURIAL CREMATION, DATE THEREOF NAME OF CEMET DURIAL SPECIFY) 9-8-56 HANOVE | R ORFEN T | ANOVER P | or county) (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR, 56 Manda Downey | WALAMBERS | Co-WASHIN | NATON, D.C. |
| | | | |

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

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BECEINED

LEB 14 1820

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| | 2027 CERTIFICAT | E OF DEATH Reg. Dist. No 30 | | |
|--|--|--|--|--|
| ly. | 1. PLACE OF DEATH: | ,2. USUAL RESIDENCE (HOME) OF DECEASED: | | |
| and legibly | COUNTY Prince George's MARYLAND | STATE Maryland county Prince George's | | |
| d le | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) | CITY(If outside corporate limits, write RURAL and give nearest town) | | |
| an | /4 TOWN College Park 15 years | TOWN College Park, Md. | | |
| rly | HOSPITAL OR INSTITUTION OR | STREET (If rural give location) | | |
| lea | STREET ADDRESS 7306 Prinston avenue,. | 7306 Prinston avenue,. | | |
| death clearly | 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day) (Year) OF | | |
| dea | (Type or Print) William Oscar Frith 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | DEATH: Feb 13, 1956. OF BIRTH: 9. AGE last birthday 15 UNDER 1 YEAR 15 UNDER 24 HRS. | | |
| Jo | male white (Specify): widowed Jan 1 | 19, 1865 91 yrs. Months Days Hours Min. | | |
| causes | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lawyer | Virginia. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT | | |
| the | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | |
| e ct | Thomas Frith | Carolyn Cook Winfield | | |
| vrit | IS. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates | 17. INFORMANT & ADDRESS; | | |
| oge o | of service) no none | Mary Alma Davis College Fark, Md. | | |
| Thomas Frith Carolyn Cook Willield 15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) no None Mary Alma Davis College Fark, 18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | |
| | | - Varcular-Penal Desease red Certainscheross. | | |
| ciar | ANTECEDENT CAUSE (S) | Desease | | |
| Physicians | DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | jed letenscheross. | | |
| | (C) | | | |
| important. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| imp | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO | 20. AUTOPS 17 | | |
| | 0 | YES NO | | |
| especially | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, farm or contributing 21B. PLACE (Home, farm, farm) and contributing 21B. PLACE (Home, farm, farm) farm, | ., etc. INJURY OCCUR? | | |
| is esp | OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work | D 21F. HOW DID INJURY OCCUR? | | |
| es e | 22. I hereby certify that I attended the deceased from 2. | 4 , 1950, to 2 -/ 3 , 1956, that I last saw the deceased | | |
| correct ag | SIGNATURE | M, from the causes and on the date stated above. ADDRESS DATE SIGNED A /4 56 | | |
| 00 | 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMET BURIAL SPECIES. LIL 14, 1956 West NO | TERY OR CHEMATORY LOCATION (City, town, or county) (State) | | |

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING - 10 - 53 A15-VS.

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BUREAU V.

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BECEINED

| GERTIFICAT | Reg. Dist. 1 | No. |
|--|---|---|
| 1. PLACE OF DEATH. COUNTY Pur County MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUN' | 1 Des |
| OR give nerts flown) OR give nerts flown) TOWN LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RARAL and OR TOWN | rive nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Charge | STREET ADDRESS O 17 - (If ziral, give location) | an Dring |
| 3. NAME OF DECEASED (Find B) (Middle) (Middle) | (Last) 4. DATE (Month) DEATH | 23 (Year) |
| 5 SEX CLOR OR RACE 7. SINGLE, MARRIED, WHOW!D, DIVORCED (Specify) | 114-110-74 61 yrs. | s. Days Hours Min. |
| done during most of briking life, even in trired) 10b. Hind of Business of Industry Industry | Staly | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | Maria Vitton | i |
| 15. W. DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, pt. or maknown) (If year, give war or dates of service) | 117. INFORMANT AND ADDRESS /017 His | hour |
| 18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Cirebral - Vascu | lor accident | |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | luteral | *************************************** |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes 🗆 No 🗀 |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY | | Y) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 2-16 alive on 2-22, 19 7, and that death occurred at (Degree or title) | 19.56, to $2-22$, 19.56, that I last $1/2 = 1/4$ m., from the causes and on the date | stated above. |
| 23. BURIAL, CREMATION DATE NAME OF CEMETE | 7016-GREIG ST Kent Pleasant L CRY OR CREMATORY LOCATION (City, town, or cou | nd 2-23-56 |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | Hill Suillane | ADDRESS O |
| REG. 1 COLLE REGISTRATE SIGNATURE | Che YU matter & W | ast OC |

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VS.

| MARYLAND STATE DEPARTMENT | OF HEALTH—BALTIMORE, 18 | 02051 |
|---|---|----------------------------------|
| 2059 CERTIFICATE | | No. 23/ |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED | 1: |
| COUNTY RIVE GOORGE'S MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Checky | CITY(If outside/corporate limits, write RURAL at TOWN Hyaffsville | |
| HOSPITAL OR INSTITUTION OR TOTAL PROPERTY ADDRESS HULLE GEO. Gen. Hosp | STREET / (If rural give location) ADDRESS 5660 / Ilden Rd | |
| DECEASED: | OF D | (Year) > 4 19 56 |
| RACE: WIDOWED, DIVORCED, | of BIRTH: 9. AGE iast birthday IF UNDER I Y Months Di | Hours Min. |
| IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | | CITIZEN OF WHAT |
| 13. FATHER'S NAME: Williams | 14. MOTHER'S MAIDEN NAME: | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: | |
| 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33 / K IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DUE TO homer h | e dytra - cronial | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | Sie | • |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, facto OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | etc. 21c. WHERE DID (City or town) (County | y) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from alive on alive on 19 s, and that death occurred at SIGNATURE M. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (SPECIFY) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | ADDRESS DAT | stated above. E SIGNED |
| REGISTRAR Umanda Shounday | All Questing, 1150/3 | his lage, |

FEB 29 1956

BECEINED

CERTIFICATE OF DEATH

Reg. Dist. No. 242

2:51

| • | | |
|--|--|-------------------------------------|
| 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED | , |
| PRINCE CTEORGES MARYLAND | STATE MARYLAND COUNTY | VCE GEORRE |
| OR give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL and giv | re nearest town) |
| TOWN RURAL- CUNTON 41-41. | TOWN KURAG-CLINTON | X |
| HOSPITAL OR INSTITUTION OR R.R.#1 B07706 | STREET ADDRESS R. R. # (If rural, give location) | 6 |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) GUSSIE MARY | GREEN DEATH FEBRUA | CV 21 1956 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE last hirthday If under Months Worths | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry | | COUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| JOSEPH - | MATHILDA PATI | 55 |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT | |
| (Yes, no, or unknown) (If yes, give war or dates of NONE | SON - HR. FRANCIS MEDGET | |
| 18. MEDICAL CE | RTIFICATION | 1. |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| 144 Immediate cause (a) CEREBRAL | HEMORRHAGE | 54 hours |
| Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last CARDIO-UR | E ARTERIOSCLEROTIE SCULAR DISEASE. | 20 yes. |
| (c) | | 1 |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| NONE NONE | | Yes No No |
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office hldg., etc.) | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY No IV E m. Work At work | HOW DID INJURY OCCUR? | |
| | - A E- 001 M | |
| 22. I hereby certify that I attended the deceased from EB | 5., 19.26., to E. E. A. I., 19.2. 6 that I last s | aw the deceased |
| alive on FEB. 20, 1956, and that death occurred at 4 | 4. 43 A.m., from the causes and on the date st | ated shove |
| SIGNATURE, (Degree or title) | Branch ave, at Woodyark al. | DATE SIGNED |
| arthur Shavey Jr. M.D. | Chinton md. | Febra! 1956 |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE | RY OR CREMATORY LOCATION (City, town, or count | (State) |
| REMOVAL (Speciff) (2-24-56 St. Joseph | emelly (Canton) | naryland |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24, EUNERAL DIRECTOR | ADDRESS |
| 2-23-56 larre lampfell | Mally turyone 43.3 | Humps |

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information

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| V | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 02053 |
|------------|--|---|
| 1 | | . No. 23/ |
| ly. | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| legibly | | |
| d le | CITY (If outside corporate mits, write RURAL LENGTH OF STAY or and give nearest town) CITY (If outside corporate limits, write RURAL (in this place) OR | and give nearest town) |
| and | 3 Town Cheverly 16 days Town Hyattsville | 15 |
| clearly | INSTITUTION OR (7) | Reg. Dist. No. CE (HOME) OF DECEASED: COUNTY Prince Georges porate limits, write RURAL and give negrest town) Soile (If rural give location) A. DATE (Month) (Day) (Year) OF DEATH: AGE iast birthday IP UNDER 1 YEAR HOURS Min. It or foreign country): 12. CITIZEN OF WHAT COUNTRY? DEN NAME: DATE (Month) 12. CITIZEN OF WHAT COUNTRY? OF WHAT COUNTRY? OF NAME: DATE (MONTH) 12. CITIZEN OF WHAT COUNTRY? OF WHAT COUNTRY. |
| death c | DECEASED: 0/ / OF 4/ | |
| Jo | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 887 9. AGE last birthday ir Months I | |
| causes | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY: OR INDUSTRY: Manufand | COUNTRY? |
| the | 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Jane E. Thomas | |
| e write | 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) 163-05-7137 | |
| please | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN |
| pla | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| .s | IMMEDIATE CAUSE (A) Viewa | 2 weeks |
| ciar | DISEASES OR CONDITIONS, IF ANY, (B) Ar levi Oxicles of c Cayso vareular | |
| Physicians | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) / IT LEW OF CLUST C PULLS OF CHAPTO METERLE CONTROL OF CONTROL OF CHAPTO METERLE CONTROL OF CHAPTO ME | 1/. |
| nt. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | years. |
| important. | TO THE DEATH BUT NOT RELATED TO THE | |
| odu | DISEASE OR CONDITION CAUSING DEATH | 20 AUTORCY2 |
| | | |
| especially | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? | ty) (State) |
| is esp | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White Not while at work at work | |
| age | 22. I hereby certify that I attended the deceased from way, 1900, to 2/18, 1956, that I last | |
| | alive on | stated above. |
| correct | 23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) | r county) (State) |
| | Burial 2:20-36 Mr. alwer Cemeley Frederick - | md. |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 56 C.E. Cline + Son. Frederic | ek-nd. |
| | | |

PECEIVED 1956

BUREAU V. S.

8 to 10 1

A15A

Reg. Dist. DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: CITY (If outside corporate limits write RURAL and go (If rural, give location) (Year) (Day) 19 56 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months Hours (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? Yes KNo (State) 22. I hereby certify that I took charge of the remains described above, held an Autopsy K Inspection K, Inquiry K, and Suicide [], Homscide [], find that death resulted from: Natural causes , Accident Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE DATE SIGNED We W M. D. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOYAL (Specify): 50 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS DATE REC'D BY LOCAL

LEB 20 1956
DECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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|---|---|---|---|---|--|
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| | | | TATE DEPART | MENT OF | HEALTH-B | ALTIMORE | , 18 | 0205 |
|-------------------------------------|--|--|---|------------|------------------|---|------------------|-------------------------------|
| | * 210 | CER | RTIFICA | TE O | F DEA | TH | Reg. Dist. | No 2rt |
| | FilmGl93 2- | 28-56 et | | | | | | No |
| 1. PLACE | OF DEATH | - 0 KO | PAES | 2. 08 | VAL RESIDEN | CE (HOME) OF | | |
| COUNTY (II | FRINC | | LENGTH OF STAY | STA | | rete limits, write RUR. | | at town) |
| OR en | odtside corporete limits, w | AND | (in this place) | OR | WN PU | LASK | 1 | isi town) |
| HOSPITAL INSTITUTIO STREET AD | NOR /1/1 = | O WHI | TEHALL | ST, STR | DRESS 3// | VAL | LEY | STREET |
| 3. NAME O DECEAS (Type or Pa | ED / A | LENA | (Middle) GERT | UDE | HALL | 4. DATE OF DEATH | (Month) FEBRU | (Doy) (Yeer) 4RY 2219 5 |
| s. SEX FEI | 6. COLOR OR RACE WHITE | 7. SINGLE, MA WIDOWED, (Specify) | 22222211 | TUNE 2 | 21, 1884 | 9. AGE last birthde | y IF UNDER 1 | YEAR IF UNDER 24 Deys Hours / |
| | CUPATION (Give kind of most of working life, of the course will fee | | CIND OF BUSINESS OR INDUSTRY | 11. BIRTHP | TENI | gn country) VESSEE | | CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S | | | | 14. M | OTHER'S MAIDEN | | | |
| Jo | HAI SHUL | - | | / | VOT AV | AILABLE | | |
| | ASED EVER IN U. S. AR.) (If Yes, give war or | | 16. SOCIAL SECURITY N | 0. 17 | Mrs. Rej | Stewar | 1; 421 | Evzets |
| I DISEASES C | R CONDITIONS DIRECTLY | Y LEADING TO DEAT | 18. MEDICAL | CERTIFICAT | ION | | | INTERVAL BETWEE |
| 443X | IMMEDIATE CAUSE | (A) C | EREBR | AL H | em 6 pr | HAGE | | 3 days |
| DISEASES OR GIVING RISE | NTECEDENT CAUSE(S) CONDITIONS, IF ANY, O THE ABOVE CAUSE ERLYING CAUSE LAST. | (B) DUE TO | typerten | sive C | ardiov | 'ascular | · Disezse | 5 year |
| TT OTHER SIGN | IFICANT CONDITIONS CO | (C) | | | | | | |
| TO THE DEA | TH BUT NOT RELATED TO | THE EATH | · *** | | | | | |
| 19e. DATE OF | OPERATION 15 | 96. MAJOR FINDING | S OF OPERATION | | | | | 20. AUTOPSY? |
| OR CONTRIBUTE | WAS UNDERLYING TO CAUSE OF DEATH FY MEDICAL EXAMINER) | 21b. PLACE (Ho OF JNJURY-street | me, farm, fectory, , office bldg., etc.) | 21c. WHERE | DID INJURY OCCUR | (City or town) | (County | |
| | NJURY (Month) (Dey) | | e. INJURY OCCURRED thile Not while work | 21f. HOW | DID INJURY OCCUR | 17 | | |
| | by certify that 1 FEB 22 FURE Wale | attended the dec | d that death occurr | -MD. | .M, from the c | B. 22, 19 auses and on the ress (Street, city, 7 innessta | ne date stated | DATE SIGN |
| | Burial 7 | el-24/95 | L East HILL | e Cernel | try | Pristo | L | 20 (Spot |
| 24. BEC'D BY | 23 1956 | GISTRAR'S SIGNATU | RE Part | 25 FUN | DIRECTOR'S | | 2540mis | DDRESS |

ALTERNATION STATE DEPARTMENT OF MEASURE HATCHINGED IN

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

02058

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

| MEDICAL EXAMINER'S CERTIFICATE OF DEATH NO | MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No. 24 |
|--|---------|------------|-------------|----|-------|--------|
|--|---------|------------|-------------|----|-------|--------|

| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
|---|---|---------------------------------|
| county Prince George's MARYLAND | state Maryland county Prince (| George's |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Navlor LENGTH OF STAY (In this place) | CITY (If outside corporate limits write RURAL and OR TOWN Maryland | give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm | STREET (If rural, give location) ADDRESS Gibbons Farm | 1 |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) James F. Ha | rdy 4. DATE (Month) (Day) | (Year) 19 56. |
| DACE. WIDOWED DIVORCED | E OF BIRTH: 9. AGE last birthday: IF UNDER I YI ril 9, 1953 2 yrs. Months Day | |
| 10a. USUAL OCCUPATION (Give kind of work life, even if retired): NONE 10b. KIND OF BUSINESS O | R 11. BIRTHPLACE (State or foreign country): 12. Washington D. C. | COUNTRY? |
| IS. FATHER'S NAME: William J. Hardy Sr | Bertha E. Windsor | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: Bertha E. Hardy: Naylor Md (M | Mother) |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | | INTERVAL BETWEEN |
| Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) glving rise to the above cause DUE TO stating underlying cause last (c) | this day bo | ONSET AND DEATH |
| Immediate cause Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause DUE TO stating underlying cause last | the stope by & lo | ONSET AND DRATH |
| Immediate cause Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | the of by | 20. AUTOPSY? Yes \(\) No \(\) |
| Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | 21f. How DID INJURY OCCUR? bed above, held an Autopsy [], Inspection [], | 20. AUTOPSY? Yes No E |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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BECEINED

BUREAU V. &

FEB 10 1956

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| MEDICAL E | XAMINER'S | CERTIFIC | CATE O | F DEAT | H No. 242 |
|--|--|--|---|---|--|
| 1. PLACE OF DEATH: | | 2. USUAL | RESIDENCE (HOM | IE) OF DECEASED | : |
| COUNTY Prince Ge | eorge's MARYLAN | ID STATI | E Maryland | COUNTY Prin | ce Georges |
| CITY (If outside corporate limi OR and give nearest town) TOWN NayLOT | its, write RURAL LENGTH O | | 31 7 | limits write RURAI | L and give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibl | bons Farm | STREE | | (If rural, give locat | tion) |
| 3. NAME OF (First) DECEASED: (Type or Print) Wanda | | (Last) Hardy | | ATII Feb | (Day) (Year) 5, 1956 |
| female 6. Color or RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE | | .954 13 | rear yrs. Month | |
| 10a. USUAL OCCUPATION (Given work done during most of even if retired): none | ve kind of work life, 10b. KIND OF BUSI INDUSTRY: | INESS OR 11. BI | | or foreign country): | U S A |
| | am J. Hardy Sr. | E | ier's maiden na Bertha E. Wi | ME: indsor | |
| 15. WAS DECEASED EVER IN U.S. A (Yes, no, or unk.) (If Yes, give was service) | ARMED FORCES ? 16. SOCIAL SECURITY ar or dates of | No.: 17. INFOR | MANT & ADDRESS E. Hardy | : Maylor Md () | Mother) |
| I. DISEASES OR CONDITIONS I Immediate cause Antecedent cause(s) Diseases or conditions, if any giving rise to the above caus stating underlying cause las | (a) DUE TO CLASSES DUE TO DEATH | MEDICAL CERTIF | ication de | zu b | INTERVAL BETWEEN ONSET AND DEATH |
| II. OTHER SIGNIFICANT COND TO THE DEATH BUT NO DISEASE OR CONDITION C | OT RELATED TO THE | 1 | J | | |
| 19a. DATE OF OPERATION: 1 | 19b. MAJOR FINDING OF OPERA | ATION: | | | 20. AUTOPSY? Yes \(\subseteq \text{No } \(\subseteq \) |
| INJURY 5 | injury (Hour) 21e. Injury Occul While at Not work at | RRED 21f. Et while work | house | CCUR? | (State) |
| find that death resulted | took charge of the remains d from: Natural causes | described above , Accident M. D. M. D. | Suicide [], Ho CHIEF MEDIC DEPUTY MED ASSISTANT M | sy , Inspection omicide , Unc AL EXAMINER ICAL EXAMINER EDICAL EXAM. ATION (City, town, | determined cause DATE SIGNED |
| DATE REC'D BY LOCAL REG. | 2/7/54 / acor | J-1900 X | birus 1 | Unate, V | 1 13 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

BUREAU V. S.

LES I 1026

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| MEDICAL EXAMINER'S CER | TIFICATE OF DEATH N | 10.242 |
|--|--|----------------------------|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Prince George's MARYLAND | STATE Maryland COUNTY Prince Ge | orges |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) Naylor LENGTH OF STAY | CITY (If outside corporate limits write RURAL and gi OR TOWN Naylor | ive nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm | STREET (If rural, give location) ADDRESS Gibbons Farm | |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) William J. Hardy Jr. | (Last) 4. DATE (Month) (Day) OF DEATH Feb 5, 19 | (Year). 56.19 |
| male RACE: WIDOWED, DIVORCED, Nov | | Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | Washington D. C. U. | ITIZEN OF WHAT |
| 13. FATHER'S NAME: William J. Hardy Sr | 14. MOTHER'S MAIDEN NAME: Bertha E. Windsor | HS ELL |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: Bertha E. Hardy Naylor Md (mother) | er) |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last | | ONSET AND DEATH |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes No |
| 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ☐ 21b. PLACE (Home, farm, factory OF street, office hideetc INJURY OF STREET, office hideetc INJURY OF STREET, office hideetc INJURY OF While at Not while INJURY OF INJURY OF STREET, office hideetc INJURY OF STREET, offic | 21c. (City or town) 21f. HOW HID INJURY OCCUR? | State) |
| 22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes . Accisionature | bed above, held an Autopsy , Inspection , dent , Suicide , Homicide , Undeterm CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or coun | ined cause []. DATE SIGNED |
| REMOVAL (Specify): | 124. FUNERAL DIRECTOR | ADDRESS |
| REG. 156 Carrie Campbell | Bacon Funeral Home | Wash DC |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

BUREAU V. S.

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

RE, 18 02062 Reg. Dist. No. 243

| 2110 | CERTIFICA | ATE OF DE | Reg. | Dist. No. 243 |
|--|--|---------------------|--|---|
| 1. PLACE OF DEATH: | | 2. USUAL RESI | DENCE (HOME) OF DECEASE | D: |
| county Prince Georges | MARYLAND | STATE | D.C. | COUNTY |
| CITY (If outside corporate limits, wri | | | tside corporate limits, write RUR | |
| OR and give nearest town) | (in this pia | ce) OR | | 1117.7 3 |
| X TOWN Glenn Dale (Rura | , | STREET | Washington | 4 / X - Q |
| INSTITUTION OR STREET ADDRESS Glenn Dale | 5 days Hospital | ADDRESS | (If rural give loc 12- Patterson S | 1 |
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| (Type or Print) DAVID | h | ARRISON | OF DEATH: 2 | 25 19 56 |
| RACE: WIT | OWED DIVORCED | DATE OF BIRTH: | 9. AGE iast birthday: IF UND | |
| Male Negro (Spe | cify): single | 6/5/1877 | 78 yrs. Month | Days Hours Min. |
| Ioa. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Vendor | 10b. KIND OF BUSINE | SS OR II. BIRTHPLA | CE (State or foreign country): | I2. CITIZEN OF WHAT COUNTRY? US A |
| 13. FATHER'S NAME: | | I II. MOTHER'S M | gton, D.C. | ODA |
| | | | | |
| Edward Harrison | 21.10.0 | | Johnson | |
| 15 WAS DECEASED EVER IN U.S. ARMEO FORCE: (Yes, no, or unk.) (If Yes, give war or dates | of . | .: 17. INFURMANT & | ADDRESS: | |
| no service) | None | Dece | dent | |
| | 18. MEDICAL CERTIF | ICATION | | Interval Betwee |
| I. DISEASES OR CONDITIONS DIRECT | LY LEADING TO DEATH | | | Onset And Deat |
| 002X | P to Para | cary Tuley w | 0~~ | 2 4nn. 94. |
| Immediate cause | (a) | coup ver co | C. J. J. C. L. | - July |
| Antecedent causes (s) | E TO | | | |
| Diseases or conditions, if any, giving rise to the above cause | (b) | | | |
| stating the underlying cause last. DU | E TO | | | |
| 260X | (c) | | | |
| 11. OTHER SIGNIFICANT CONDITIONS |) 1 1 | + 1.00:1 | | |
| Conditions contributing to the death burrelated to the disease or condition causi | ing death. | Fez wellit | (S | 2429 mos |
| 19a. DATE OF OPERATION: 19b. MAJ | OR FINDINGS OF OPERA | TION | | 20. AUTOPSY ? |
| | | | | Yes No D |
| 21. ACCIDENT (Specify) PL OF HOMICIDE | ACE (Home, farm, factory, office bidg., etc.) JURY | street, (CITY OR TO | OWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) | INJURY OCCURED | HOW DID INJU | URY OCCUR? | |
| OF INJURY m. | While at Not While Work At Work | | | |
| 22. I hereby certify that I attended | the deceased from 5- | 20 10/3 to 2 | -2.5 , 19-6, that I | last saw the deceased |
| | | 1 | | |
| alive on | d that death occurred (Degree or title) | at, fr | com the causes and on the causes | DATE SIGNED |
| 4) en :0 P 1. | MO | Glenn f | Dale Hospital | 2/25/56 |
| 23. WHEN, CONTACTON DATE THE | REOF NAME OF CE | METERY OR CREMATH | LOCATION (City, town, | |
| | 7.56 | ~ | washington | |
| DATE REC'D BY LOCAL! REGIS/TRA | R'S SIGNATURE | 24. FUNERAL DI | RECTOR | 2 YOU ST. W. W. |
| REGISTRAR 6/17 | of When | | Horton | 2 YOU ST. W. W. |

VS. A15

age is especially important.

PLEASE WRITE PLAINLY, WITH

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9961 S 8AM

BUREAU V. E.

information carefully. The correct the causes of death clearly and legibly. Supply every item of MARGIN RESERVED FOR BINDING write UNFADING INK. Physicians: please PLEASE WRITE PLAINLY, WITH important. especially 20 ลรูย

| CERTIFICATI | E OF DEATH Reg. Di | st. No. 242 |
|--|--|-------------------------|
| Item 7. Film G 193, 3/2/56 | bh Reg. Di | st. No. 66 |
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | 1 0 |
| eg | 2000.1 | PC. |
| COUNTY / Level Senger MARYLAND | | UNTY / |
| OR and give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL | and give nearest town |
| TOWN Alral - Dillen | TOWN Reuse - Danen | med x |
| HOSPITAL OR | STREET (If rurai give locati | on) |
| INSTITUTION OR I I I | ADDRESS (| . / |
| STREET ADDRESS Aux afficandy ume MA | RK. Brandy ume, 1 | ud |
| 3. NAME OF DECEASED: WESLEY DANIEL HAN | (Last) . 4. DATE (Month) (I OF DEATH: 2 | 23 (Year) 6 |
| 5. SEX: 6. COLOR OR 7/ SINGLE, MARRIED, 8. DATE | OF BIRTH: 9. AGE last birthday: If UNDER | 1 YEAR IP UNDER 24 HRS. |
| Male NCGRO (Specify): Married 12- | 24 - 1876 79 yrs. Months | Days Hours Min. |
| 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS Of work done during most of working life, 1NDUSTRY: | R II. BIRTHPLACE (State or foreign country): II | 2. CITIZEN OF WIIAT |
| even if retired): | MANYSMO | U.S.A. |
| 13. FATHER'S NAME? | 14. MOTABR'S MAIDEN NAME: | |
| Bill Halli | Ka-Lel Koede | |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17 | . INFORMANT & ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates of | . HAT GRAMANT & ADDRESS. | o the |
| service) | faura Paulum. 6 | nanchybriday" |
| 18. MEDICAL CERTIFICAT | ION | Interval Between |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | Onset And Deat |
| 1143X /1. do Mu | mendent talling | 111 |
| Immediate cause (a) | 10 coursed product | 1 any |
| DUE TO | 1 0 I 1 | zun |
| Antecedent causes (s) Diseases or conditions, if any, (b) | suffraction There | 1700 |
| giving rise to the above cause | | |
| stating the underlying cause last. | perfensive Heart Desis | 20 20/15 |
| (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | | |
| related to the disease or condition causing death. | | A A A TIMODOW S |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY ? |
| nne | | Yes No |
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE SUICIDE HOMICIDE SUICIDE SUI | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURED | HOW DID INJURY OCCUR? | |
| OF INJURY m. While at Not While At Work | | |
| 22. I hereby certify that I attended the deceased from family | - 1954, to 7e 619 , 1916, that I la | st saw the deceased |
| 7/12/57 | 7. | |
| alive on, 19\/, and that death occurred at | from the causes and on the day | DATE SIGNED |
| The last has been or time? | D9 11 1 -7 | 2/23/17 |
| Janen V Kerm Myg | my to constitute of the consti | county) (State) |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMPTE | ERY OR CREMATORY LOCATION (City, town, or | m / |
| Burial 2-21-04 Church | Commen pranaguin | ADDRESS |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |

A15 VS.

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BUREAU V. S.

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DECENEE

xecuted within 24 hours after death.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02065

CERTIFICATE OF DEATH 2233

Reg. Dist. No

| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE | E (HOME) OF DECE | SED |
|--|------------------------|--|--------------------------------|--------------------------------|
| COUNTY Prince Geo. | MARYLAND | STATE D.C. | COUNTY | |
| CITY (If outside corporete limits, write RURAL | LENGTH OF STAY | | te limits, write RURAL end giv | e neerest town) |
| 15 TOWN Hyattsville, | (in this pleca) | TOWN Washi | ngton | 4743 |
| HOSPITAL OR Sacred Heart Ho | ome | STREET | (If rurel give loce | tion) |
| 10 STREET ADDRESS 5805 Queens Che | ipel Rd | ADDRESS 4515 | Davenport S | st nwigher |
| 3. NAME OF (First) (| (Middle) | (Last) | 4. DATE (Month) | (Dey) (Year) |
| (Type or Print) Josie | M. | Hisle | DEATH Feb | 21 19 56 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIE | | F BIRTH 9. | AGE lest birthdey IF U | INDER 1 YEAR JIF UNDER 24 HRS. |
| F White Whowed, DIV | | 1880 | 75 yrs. Mon | ths Deys Hours Min. |
| | D OF BUSINESS INDUSTRY | 11. BIRTHPLACE (State or foreign Washington, | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | 1 | 14. MOTHER'S MAIDEN NA | AME | 0021 |
| John Scanlon | | Bridget | Sheehan | |
| | SOCIAL SECURITY NO. | 17. INFORMANT & AD | | |
| (Yes, no, or unk.) (If Yes, give wer or detes of service) | no | Clinton M | Hisle, Ir | Wash D.C. |
| | 18. MEDICAL CER | 15032 Kans | as a ve., n. v | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | Result Da | | ONSET AND DEATH |
| 4 (A) IMMEDIATE CAUSE | munal. | Mon cko fen | eumonea | |
| ANTECEDENT CAUSE(S) DUE TO | 00 00 1 | 110 -1 | 1:0.0 | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE | on gestere | - Heart y | weare | |
| STATING UNDERLYING CAUSE LAST. DUE TO | teclos cles | atic Healt | - Disesse | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 19e. DATE OF OPERATION APP. MAJOR PHIDINGS | | 1 /12 12 12 | 2 1 W | 20. AUTOPSY? |
| Cooree 1 | atified and | e was app | work H- | YES NO |
| 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, o (If EITHER, NOTIFY MEDICAL EXAMINER) | ffice oldg., etc.) | RIC. WHERE DID INJURY OCCUR? | (City or town) | (County) (State) |
| | | 21f. HOW DID INJURY OCCUR? | | |
| M, at wo | | | , | 17.16.4 |
| 22. I hereby certify that I attended the decea | sed from 2/2/ | 1056 to 2/- | 7/ 1056 11 | nat I last saw the deceased |
| alfve) on 3/2/ 1956 , and | | | | |
| SIGNATURE | mar death occurred at. | | SS (Street, city, town, stell | |
| Villane / its area | 01 8 | 2186 Jine, Ane | led -1 | 2/21/5/ |
| 23. BURIAL CREMATION, DATE THEREOF | NAME OF CEMETERY OR | 1.00 | 1-000 | ounty) (State) |
| / Burial 2/21/1956 | Cedar Hill | Cemetery | Prince Geor | ges Co., Md. |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | | 25, EUNERAL PIRECTOR'S SI | GNATURE | ADDRESS HEALS |
| DATE Yeby 23 1956 mrs - Jas | Devers) | The D. H. H | envo (o. o | 3901-14, 08.1. |
| 0 | Webut | 1- | | Mark, N.C. |
| | | | | |

STATE CERTIFICATE OF DEATH

4 4 4 ALL VILLES PROPERTIES DECL

THE ASSESSMENT

A .V UABRUR

9561 40 833 ACRES AND AND AND ADDRESS OF THE PARTY OF TH

2034

CERTIFICATE OF DEATH

| * 2034 | CERTIFICAT | E OF DEA | TH Rep | g. Dist. No. 245 |
|--|---|------------------------|----------------------------|---------------------------------|
| I. PLACE OF DEATH: | | 1 2. USUAL RESIDE | NCE (HOME) OF DECEA | ASED: |
| _ COUNTY PRINCE GEORG | -05 MARWA AND | CTATE MAG | MANA | CONVEY P.G. |
| CITY (If outside corporate limits wri | | STATE CITY (If outside | | URAL and give nearest town |
| OR and give nearest town) 15 TOWN HATTS VILLE | (in this place) | OR TOWN | 1ATTEVILLO | 15 |
| HOSPITAL OR | 120 | STREET | (If rural give | location) |
| STREET ADDRESS 6000 BAL | TIMORE AVE | ADDRESS 6000 | BALTIMORE | Aue |
| 3. NAME OF DECEASED: (Type or Print) KATHRYN | (Middle) | (Last) | 4. DATE (Month) OF DEATH: | (Day) (Year) (19 5 6 |
| 5. SEX: S. COLOR OR 7. SING | | - 7 - 0 - 1 | 9. AGE last birthday: IF t | DIDER 1 YEAR IF UNDER 24 HRS. |
| rethe white spe | | 28-1903 | J ~ yrs. | nths Days Hours Min. |
| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) House wife | 10b. KIND OF BUSINESS O | 11 | (State or foreign country | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME: | 1 1014 6 | HYATTS VI / | DEN NAME: | -, -, /, |
| 111846ACO P 1.10 | | FHMA V | DIETZMI | 47 41 |
| 15 WAS DECEASED EVER IN U.S.ARMED FORCES | S? 16. SOCIAL SECURITY No.: I' | . INFORMANT & ADI | | 1/ |
| (Yes, no, or unk.) (If Yes, give war or dates service) | of H | eury H. Lyon - | 4004 Jefferson | St. HYATTSU, le 12 |
| | 18. MEDICAL CERTIFICAT | ION | | Interval Betwee |
| 1. DISEASES OR CONDITIONS DIRECT | | 7 | 0.10 | Onset And Deat |
| Immediate cause | | ie heert | 7511416 | 2 Mo |
| | E TO | | | 3 1/0 |
| | (b) Pneum | 0112 | | 2 70 |
| stating the underlying cause last. DU | Е ТО | | | |
| II. OTHER SIGNIFICANT CONDITIONS | (c) | | | 1 . |
| Conditions contributing to the death but related to the disease or condition causi | t not | 5chizodo | hrenia | 18 MO |
| | OR FINDINGS OF OPERATION | | | 20. AUTOPSY ? |
| | | | | Yes No |
| SUICIDE | ACE (Home, farm, factory, stree office bldg., etc.) | t. (CITY OR TOWN | N) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) | INJURY OCCURED While at Not While | HOW DID INJURY | OCCUR? | |
| 22. I hereby certify that I attended | Work At Work | 10/7- 2 | 117 1057 121 | I last saw the decease |
| | (/ / | ,195.3., to | | |
| alive on | d that death occurred at A | | the causes and on the | e date stated above. |
| John W. Jahmer Fr | lu. D _ / | 128 miss | | Sc. 2/17/52 |
| 23. BURIAL, CREMATION, DATE THE | REOF NAME OF CEMETI | ERY OR CREMATORY | LOCATION (City, tov | / |
| DATE DECID BY LOCAL DECICED AT | 0 956 FT. LINCOLN | Cery. | PRINCE GEORG | res Co Md |
| REGISTRAR NO CI | (/ | 24. FUNERAL DIRE | ener Co 290/ | -14 th St. 11.11 |
| 2011 1 120 my | eas. Devery | | enee co | 1010 |
| | J | 9 | Was | ing to D. 6. |
| | | | | // |

VS. A15

MARGIN RESERVED FOR BINDING

DECEIVED

BUREAU V. S.

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item of information carefully.

every causes

Supply write the

INK.

UNFADING

WITH

PLAINLY

WRITE

please

Physicians:

important.

especially

13

age

correct

of death clearly and legibly

15. WAS DECEASE

5 SEX

| MARYLAND STATE DEPARTMENT 2938 CERTIFICATE | |
|--|---|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY PRINCE georges' MARYLAND | STATE Md. COUNTY PRINCE GEORGES |
| CITY (If outside corporate limits, write RURAL OR and give pearest town) Town MT. (AINIER 3years | CITY(If outside corporate limits, write RURAL and Ove nearest town) OR TOWN MT. RAIMIER |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 3207 Penny ST | STREET (If rural give location) ADDRESS 3207 Penny 57 |
| DECEASED: | Last) 4. OATE (Month) (DMy) (Year) OF DEATH: Feb 19 1956 |
| DACE WILDOWIED GIVEDOED . | OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 5 1866 89 yrs. Months Days Hours Min. |
| OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): 1045 E WIFE | New York (ITY N. 1. 12. CITIZEN OF WHAT |
| 3. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| JOSEPH GRANGER | · SARAH KAY |
| Yes, no, or unk.) (If Yes, kive war or dates of service) None None | 17. INFORMANT & ADORESS: MRS Med A GATES COUSIN 3207 Penny ST MTRAINIER Md- |
| 18. MEDICAL CERTIFICATI | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) BRON | chopneumoriA 48hours |
| ANTECEDENT CAUSE (S) | , 0 |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) CNEKAL OUE TO | iged Antenioscien osis 10 years |

DISEASES IMME ANTECE DISEASES OF GIVING RISE STATING UN (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. OATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES T NO It

(State)

(County)

| 21A. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY M | CAU! | SEOFD | EATH | 218. PLACE (Home, farm, factory OF INJURY street, office bldg., etc. |
|---|-------|--------|--------|---|
| 210. TIME (Month) OF INJURY | (Day) | (Year) | (Hour) | While Not while |

21F. HOW DID INJURY OCCUR?

21c. WHERE OIO

(City or town)

| 2 | . I hereby certify that I attended the deceased from 52P1, 1953, to 926 19, 1954 that I last saw the deceased |
|---|---|
| | alive on 3 19 19 1956, and that death occurred at 1050M, from the causes and on the date stated above |
| 1 | SIGNATURE Jour OLIVER M. 0.3305 Perty St. of Themer 21 2 19/56 |
| | M. O |
| 3 | BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City town or county) (State) |

2 SIGNATURE

CERTIFICATION OF THE PROPERTY OF THE PROPERTY

VS.

| 2112 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18 | 02069 |
|--|---|
| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | Reg. Dist |
| 1. PLACE OF REATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: | No |
| COUNTY Pring georges MARYLAND STATEMORY COUNTY Prince | & Searge |
| CITY (If outside corporate limits, write RULAL OR and give negrest town) TOWN CITY (If outside corporate limits write RURAL and OR TOWN) CITY (If outside corporate limits write RURAL and OR TOWN) | d give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 (5 No. large location) | Road |
| 3. NAME OF (First) (Middle) (Last), (A. DATE (Month) (Date (Type or Print) (Death 2) | y) (Year) |
| former free by yrs. | YEAR IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work life, INDUSTRY: INDUSTRY: INDUSTRY: Vera Live or foreign country): 12 | COUNTRY? |
| 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Lucas | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: | me addres |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) accette congestive heart forly | cre |
| Antecedent cause(s) Diseases or conditions, if any, (b) Cardrovas culor renal cle giving rise to the above cause DUE TO | sessi |
| A stating underlying cause last (c) | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes \(\text{No} \(\text{No} \(\text{P} \) |
| 21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] 21b. PLACE (Home, farm, factory, of street, office bldg., etc., INJURY 10 cause of beath. | (State) |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work at work | |
| 22. I hereby certify that I took charge of the remains described above, held an Autopsy □, Inspection ☑ find that death resulted from: Natural causes □, Accident □, Suicide □, Homicide □, Undete SIGNATURE CHIEF MEDICAL EXAMINER □ DEPUTY DEPUT | |
| The state of the s | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 124. FUNERAL DIRECTOR 1976 School 303 | 119n HM |

BUREAU V. S.

LEB IT FIRST HIM

BECEINED

02070 Reg. Dist.

| | The state of the s | 210 |
|---|--|----------------------------------|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY COM CLE MARYLAND | STATE MO COUNTY PA | LA |
| CITY (If potside corporate limbs, write DURAL OR and Aive nearest lown) TOWN LENGTH OF STAY (in this place) | CITY (If out the corporate limits write RURAL On OR TOWN) Wendal | d give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 6506 Edmonster (IV) | ADDRESS 6506 Edmons | Tomtim |
| 3. NAME OF DECEASED: (First) Cleveland 14 | Chandarder 4. DATE (Month) (Day OF DEATH 2 - / | y) (Year) 8 - 19 3 4 |
| Male Whate (Specify): Married 11. | -7-92 63 yrs. | ays Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) | Pensylvania | COUNTRY? |
| 13. FATHER'S NAME: Edward Kochendarfer | Blanche Heilman | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: Clare Kochendarfer Riverdale, | Md. |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | al Certification | INTERVAL BETWEEN ONSET AND DEATH |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | dar rend disease | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes No |
| 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH. | 2, | (State) |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work \[\begin{array}{c ccccccccccccccccccccccccccccccccccc | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes Accisionature | | |

DATE

NAME OF CEMETERY OR CREMATORY

M. D.

ASSISTANT MEDICAL EXAMINE LOCATION (City, town, or county)

(State)

ADDRESS

BURIAL, CREMATION, REMOVAL (Specify): Burial Feb 21, 1956 For REGISTRAR'S SIGNATURE Fort Lincoln Cemetery Co Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 2, - 21-1956 F. Gasch's Sons Hyattsville, Md.

A15A - 5 - 53

SECENTED

EEB 53 1820

BUREAU V. S.

DECEIVED 8.5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

| THE PERSON OF TH | 871/11/12/2-5 | | | |
|--|---------------|----------------|-------------------|--|
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The state of the

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2064 CERTIFICATE OF DEATH

Reg. Dist. No. 245

| * | | |
|---|--|-------------------------|
| I. PLACE OF OBATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY | (1) |
| MARYLAND | CITY (I outside corporate limits, write RURAL and giv | - set (, P |
| CITY (If outside corporate limits write RURAL and OR give new let town) TOWN Limits write RURAL and LENGTH OF STAY (In this place) | OR TOWN | e neurest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Good Such Rd | STREET ADDRESS B (If rural, give location) | / |
| 3. NAME OF DECEASED ROBERT (Middle) LEQ L | - Color of Dunian | (Day) (Year) |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF ARTH 9. AGE last birthday If under Months yrs. | Days Hours Min. |
| 10a. USUAL OCCUPATION Give kind of work 10b. Kind of Business or ion during most di vorking life, even if retired) INDUSTRY | had. | COUNTRY? WHAT |
| 13. FATHER'S NAME | Catherine Roberts | |
| 15. WAS DECKASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unsalewn) (If yes, the war or dates of service) service) | Bessi B Lerenty Glendel | e, md. |
| 18. MEDICAL CI | ERTIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| Immediate cause (a) Corohary In | sotticiency | YEGYS |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause | ratio Heat Dreve | years |
| stating the underlying cause last (c) Reneralise | 1 Arterioclerosis | 404 48 |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | / |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes 🗆 No 🗈 |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work Atwork | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Dec | 1055 to Fel 3 1056 was I lost | 43 3 3 |
| 22. I hereby certify that I attended the deceased from | , 1900., to | aw the deceased |
| alive on 2.9, 1956, and that death occurred at | m., from the causes and on the date standard and the date standard | ated above. DATE SIGNED |
| Hamer Kurt m D | RFD Bowie hd | 2/3/56 |
| 23 BURIAN CREMATION DATE THEREOF NAME OF CEMETY THOUGHT | rational enely wilington Ta | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. JOV. 6, 1950 Mas Can Develop | Leseps sons Hyallery | LODRESS A |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

FEB 8 124 DECENTED

BUREAU V. S.

| 2113 CERTIFICAT | E OF DEATH Reg. Dist | . No. 2543 |
|---|---|---|
| 1. PLACE OF DEATH: COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN MICHICAY PARK (in this place) | TOWN MICHICAN PR | AND GEORGE TO THE STATE OF THE |
| HOSPITAL OR INSTITUTION OR STREET AODRESS | STREET ADDRESS 1514. (If rural give location) | ((|
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) JUIN TURNER | LOVE 4. DATE (Month) OF DEATH: 2 - | Day) (Year) 23 - 1956 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. OCT | | YEAR 15 UNDER 24 HRS. Days Hours Min. |
| NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (FIRE) | ST. MARYS CVINY MARYIMA | CITIZEN OF WHAT |
| SAMUEL T. LUVE MD. | M. CATTIFRING CHUNK |) |
| 18. WAR DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) | FOGAR M LUVE 15 | ST. JINFAR |
| 18. MEDICAL CERTIFICA | TION | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| 144-X IMMEDIATE CAUSE (A) Curcinon | use Roof of Mouth | 10 months |
| ANTECEDENT CAUSE (S) | 0.0 | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUE TO | | |
| (C) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 194. DATE OF OPERATION: 198. MAJOR FINOINGS OF OPERATIO | N . | 20. AUTOPSY? |
| | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ., etc. INJURY OCCUR? | ty) (State) |
| 2ID. TIME (Month) (Day) (Year) (Hour) 2IE INJURY OCCURRED While Not while at work | D 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Feb. | -22 1956 to Tel 23 1956 that I last | saw the deceased |
| Revised L. Wiellow | M.D. 1133 Control Location (City, town, or | re signed |
| Burial 2/27/56 Etar 2 | till en Sutland, | ond. |
| DATE REC'O BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR TO LOWER HOLD | 1 Funeral director 383 | 1. Ta Che nu |

VS. A15-10-53

PLEASE TYPE

Supply every item of information carefully. The

OR WRITE PLAINLY, WITH UNFADING INK.

FOR BINDING

MARGIN RESERVED



MARYLAND STATE DEPARTMENT OF HEALTH

2065

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

ms. Rainer, md

| 7 | 1 | | E OI DEIII | . A. Reg. | . Dist. No |
|--|----------------------|---|------------------------|------------------------|-------------------------------------|
| 1. PLACE OF DEATH- | 11. | | 2. USUAL RESIDENCE | HOME) OF DECEAS | BED. |
| COUNTYPRINCE | George | MARYLAND | STATEMARY | Earl Fre | -COUNTY Leongle |
| CITY (If outside corporate ling OR give hearest town) | nits, write RORA | L and LENGTH OF STAY | CITY (If outside corpo | rate limits, write RUR | AL and give nearest town) |
| | rly | Gin this place) | TOWN/DRen | wood | 34 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | corda | Dursing Hom | ADDRESS 3409 | - Tilden | Street |
| 3. NAME OF (First) | ~ | (Middle) | (Last) | | Month) (Day) (Year) |
| DECEASED (Type or Print) | nel | 10. Tha | nning | OF DEATH | ebr 6 195 |
| 5. SEX 6. COLO | R OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | 8. DATE OF BURTH | 9. AGE iast birthda | y If under I year If under 24 hrs. |
| Jemale w | and I | (Specify) Mulle | 19/13,01880 | 75 yrs | Months Days Hours Min. |
| done during most of working life. | even if retired) | 10b. KIND OF BUSINESS OR | BIRTHPLACE (State | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | | sureau 2 | 14. MOTHER'S MAIDE | NAME | 1 |
| Daniel mann | ma, | Engraving | Unne | J. Edw | ards |
| 15. WAS DECEASED EVER IN U.S (Yes, no, or unknown) (If yes, gi | ARMED FORCES? | 16. SOCIAL SECURITY NO. | ms. Fra | uces mc | Kes - Sister |
| | | 18. MEDICAL CE | RTIFICATION | | |
| I. DISEASES OR CONDITION | S DIRECTLY L | EADING TO DEATH | 1) | | INTERVAL BETWEEN ONSET AND DEATH |
| 442X Immediate cause | (a) | Cerebral . | Lungular | L | 36/11 |
| Antecedent cause(Diseases or conditions, giving rise to the above stating the underlying of | if any, (b) | Cardioverse | ulurran | Chise | Constitution |
| II. OTHER SIGNIFICANT CO Conditions contributing to the related to the disease or condi- | death but not | | | | |
| 19s. DATE OF OPERATION | 19b. MAJOR FI | NDINGS OF OPERATION | | | 20. AUTOPSY? |
| 0 | | | | | Yes No No |
| 21. ACCIDENT (Specify SUICIDE HOMICIDE | PLACE OF INJUR | C (Home, farm, factory, street, office bidg., etc.) | (CITY OR | TOWN) | (COUNTY) (STATE) |
| TIME (Month) (Day) (| | INJURY OCCURRED While at Not While | HOW DID INJURY OF | CCUR? | |
| INJURY | m. | Work At work | | | |
| 22. I hereby certify that I | attended the | decorred from 1 - 261 | 1055 to 2-6 | 10.4% the | t I lost saw the dossess |
| | | | | | |
| alive on 2 | , 19.56., and | that death occurred at.4/ | m., from the | causes and on th | e date stated above. |
| SIGNATURE | 11 | (Degree or title) | ADDRESS | 30 1 11 | DATE SIGNED |
| con Dr. Com | Af Mh | 27 | 16 Kichenord 1 | 1. W Hyal | torolly 40 2-6-56. |
| | DATE THEREOF | NAME OF CEMETE | RY OR CREMATORY | LOCATION (City, tox | vn, or county) (State) |
| REMOVAL (Specify) | 2-95/ | 56 Mr. all | web | rachi | iglon, D.C. |
| DATE REC'D BY LOCAL REQ. | REGISTRAR'S S | IGNATURE | 24. FUNERAL DIRECT | or June 0 | ADDRESS |
| 2/8/06/ | Muanda | 1 Durile | 1 | | 4- |

VS. A15

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR RINDING

M

FEB 14 1526

24. FUNERAL DIRECTOR

Bornes a Mothe ws

SE WRITE PLEA

REMOVAL (Specify)

REGISTRAR

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

correct

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carefully.

information

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Supply

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ADING

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WITH

PLAINLY,

FOR BINDING

MARGIN RESERVED

LOCATION (City, town, or county)

ADDRESS

EEB & 1820

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

: 2066 CERTIFICATE OF DEATH

eg. Dist. No. 239

| | 2008. 21000 110 | |
|--|---|--|
| 1. PLACE OF DEATH. COUNTY PRINCE GEORGE MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED- | WI POLIT |
| CITY (If outside corporate finits, write RURAL and OR give nearest town) OR give nearest town) OR GITY (If outside corporate finits, write RURAL and ILENGTH OF STAY (in this place) | CITY (II outside corporate limits, write RURAL and given TOWN & AUREL | e nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 415 LAUREL AVE | STREET (If rural, give location) ADDRESS 415 LAUREL AVE | - / |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) CAPTOLIA | MC FARLAND OF DEATH Feb | (Day) (Year) 4 1956 |
| 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, PRORCED, (Specify) | 8. DATE OF BIRTH 9. AGE last birthday If under Months Wyrs. | Dave If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, you I retired) 10b. Kind of Business or Industry | | CITIZEN OF WHAT |
| 13. FATHER'S NAME CHARLES D. GODFREY | 14. MOTHER'S MAIDEN NAME EMILY LEVINIA LEISTER | |
| 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service) | 17. INFORMANT AND ADDRESS HUSBAND - SAME | |
| 18. MEDICAL CE | RTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) | nemorrhage | INTERVAL BETWEEN ONSET AND DEATE |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause testing the underlying cause last | | 15 years |
| (c) nephroscler | OSIS | years. |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19m. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, | (CITY OR TOWN) (COUNTY) | Yes No X |
| SUICIDE OF office bidg., etc.) HOMICIDE INJURY | | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF White at Not white INJURY m. Work At work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from APRIL | 1955, to Fel 4 1956 that I last s | w the deceased |
| alive on Fe67, 1956, and that death occurred at | | |
| 23. BURAL CREMATION DATE THEREOF NAME OF CEMETER | RY OR CREMATORY LOCATION (City, top) of count | 2/4/56 y) (State) |
| De MOVAL (Specify) Feb 6 1956 Jung Will | Cemetery Laurel Mas | elland " |
| DATE MEC'D BY LOCAL REGISTRAR'S GIGNATURE | 24. AUNERAL DIRECTOR | ADDRESS |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. BENDING MARGIN RESERVED FOR

The correct

VS. A15

LEB 10 1826

MARYLAND STATE DEPARTMENT OF HEALTH

| 2115 2411 N. Charles Street, Baltimore | |
|--|---|
| CERTIFICATE OF DEATH Roy Diet No. | 23/ |
| Item 12. FilmG194 3-20-56 et Reg. Dist. No. |) |
| 1. PLACE OF DEATH. COUNTY PRINCE SEOM MARYLAND 2. USUAL RESIDENCE (HOME) OF DECESSED COUNTY COUNTY COUNTY | Heade |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWN | re nearest town) |
| HOSPITAL OR INSTITUTION OR 37/14 49 ave STREET ADDRESS 37/16 43 ave | Tave: |
| 3. NAME OF (First) (Middle) (Last) Le 4. DATE (Month) OF (Type or Print) Navy Garls McLel DEATH Zel | (Day) (Year) 19 1956 |
| 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday If under | 1 year If under 24 hrs. Days Hours Min. |
| 10a, USUAL OCCUPATION (Give kind of work 10b, Kind of Business OR 11, BURTHPLACE (State of Greden country) | COUNTRY? |
| 13. FATHER'S NAME | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. WINFORMANT | |
| (Yes, no, or unknown) (If yes, give who or dates of service) want man Robert R. Cohlan | Canalities |
| 18. MEDICAL CERTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| 332/Immediate cause (a) Cerebral / hromboses | 1 week |
| Antecedent cause(s) Diseases or conditions, if any, (b) Cerebral Selection | 6 months |
| giving rise to the above cause stating the underlying cause last (c) Generalized attended attended at the content of the cont | > |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | Yes No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) OF office bldg., etc.) | (STATE) |
| TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork At work | |
| 22. I hereby certify that I attended the deceased from, 1956, to Feb, 1956, that I last s | aw the deceased |
| alive on Jela 8, 1956, and that death occurred at 6.300 m., from the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the date standard Residue of the causes and on the causes and on the date standard Residue of the causes and on the causes and on the causes and on the cause of the causes and on the cause of the causes and on the cause of the cause | ated above. DATE SIGNED |
| Blujamin S. Meller M.D. Int. Kaemier Jeb | do 1956 |
| 23. BUHIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or count REMOVAL (Specify) 2/23/1956 St. Carley Colmillan albamy, New 9 | fork (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 2-2-5 6 My and a Downing Makey Trumedal 74 | ADDRESS |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

correct age

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FEB 27 1956

FEB 29 1956

02080

| ı | EU33 CERTIFICA | ATE OF DEATH Reg. D | ist. No. 142 |
|-----|--|--|--|
| | 1. PLACE OF DEATH O. COUNTY PRINCE GORGES MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution, Resider o. STATE b. COUNTY RIP | nce before admission) |
| 12- | b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If autside carporate limits, write RURAL and | give nearest town) |
| | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5723 29 AVE 202 | 6. STREET ADDRESS STANE 20 | e. IS RESIDENCE ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or print) KATHERINE VIRGINIA | A MEAL 4. DATE Month OF DEATH 2 | 28 1956 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | B. DATE OF BIRTH ALG 10, 1894 9. AGE (In years lost birthday) Months yrs. | R 1 YEAR IF UNDER 24 HRS. Days Hours Min. |
| / | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A TOME | JSTRY 11. BIRTHPLACE (State or foreign country) 12. CI | TIZEN OF WHAT COUNTRY? |
| 1 | 13. FATHER'S NAME BURCH | 14. MOTHER'S MAIDEN NAME | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service) NONE | INFORMANT Address | |
| | 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) On fly | Heart far line | ONSET AND DEATH |
| | Conditions, if any, which) (b) Artenovelers | op'c carlo-vascular | |
| | gave rise to immediate code (a), stating the under-lying cause last. DUE TO (c) | Seare | Years |
| , | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO BE THE STATE OF | | RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| | | ED. (Enter nature of injury in Part I or Part II of item 18.) | |
| | Hour a.m. 19 While Not while of work of work | actary, street, affice bldg., etc.) | (County) (State) |
| | 21. I certify that l'attended the deceased fram. Way alive an + 12 / 19/6, and that death | h accurred at 11:302 M, from the causes ond an t | last saw the deceased |
| | SIGNATURE Maldy. Flerner | M.D. 5432 QUEENS (Street, city or town, state) | EL Ref |
| | PHYSICIAN'S RONALD S FLEISCHEN | e lyattor, le lus | of 2/19/1 |
| | 226. BUDIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF COMMENTS OF | acola Gladenabur | g. M.S. |
| | 23/FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS | 112 240. REC'D BY REGISTRAR 246 REGISTRAR'S M | GNATURE |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BECEINED

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BUREAU V. S.

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| · 2068 CERTIFICATE | OF DEATH Reg. Dist. No. 2 |
|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY RINCE GEORGES MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | STATE Mary and COUNTY Prince George CITY(If outside corporate limits, write RURAL and give nearest fow |
| OR and give nearest town) (in this place) TOWN Cheverly. | OR TOWN HypAsselle 15 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS PAINCE Geo. GRA Hosp | ADDRESS 7807 - Mussey Rd. |
| S. NAME OF (First) (Middle) (L DECEASED: / Komlean | (Asst) 4. DATE (Month) (Day) (Year) OF DEATH: / 6 10 19 57 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF WIDOWED, DIVORCED. Specify Single Color of | OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours I Min. |
| | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA COUNTRY? US A |
| 3. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Richard E. Moreland | Virginia E. Moreland |
| (Yes, no, or unk.) (If Yes, give war or dates of service) —— | 17. INFORMANT & ADDRESS: Richard E. Morel and Same as above. |
| 18. MEDICAL CERTIFICATIO | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEAT |
| IMMEDIATE CAUSE (A) HCUTE H | TELECTASIS MINUTES |
| ANTECEDENT CAUSE (S) | 15/ |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) OUE TO | Ayngeal Edema minutes |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | 6 - MACHEO DAONCHILIST /2 NOVI |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) 21B. PLACE (Home, farm, factor of CONTRIBUTING AUGUST A | ry, 21c. WHERE DID (City or town) (County) (State) |
| OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from alive on | |
| REMOVAL (SPECIFY) | RY OR CREMATORY LOCATION (City, town, or county) (State |
| Burial 2/12/56 Friendship | Methodist Cem. Friendship Md. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR (Mydraday &) Owner, | 24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md. |
| 13114104 | * * * |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02081

On telknary 10, 1956 at 5 A.M. I was listified that Seborral Moreland is being admitted for the Felaturent of an acute Loxyugo - Tracken - Browch. In a Very Short short time (about I hour and 29 min I was called again and intefiel that the child had enjured. I have not seen the shild before admission, on admission or at the time of death. The last time I altended the deceased Sould was on Way 1955. The course of death Who U. Herzberg, M.D. BUREAU V. S.

BECEINEU

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of, this

certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2116 CERTIFICATE OF DEATH

02082

Reg. Dist. No.

| | I. PLACE OF BEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|-----|--|---|
| | COUNTY PRINCE GEORGESMARYLAND | STATE Md COUNTY PRINCE GEORGE |
| | CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give neerest town) |
| | TOWN (In this place) | OR TOWN (L)) (A MA |
| | HOSPITAL OR | STREET (If rural give location) |
| | INSTITUTION OR STREET ADDRESS | ADDRESS V = 1614 Pings |
| | 3. NAME OF (First) (Middle) | (Lest) 4. DATE (Month) (Day) (Year) |
| | (Type or Print) MA-YB=11= VERN N | TURRAY DEATH FEB 3 1956 |
| | 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, | |
| | TEMALE WHITE (Spacify) MAY | 27/888 67 yrs. Months Deys Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done dwing most of working life evan if OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| 7 | retired and KENDER RETMESSILS Mass | Indiana (Sunitry) |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | HANKINS | Clark |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS Name of the Hann - |
| 0 | (Yas, not or unk.) (If Yas, give war or dates of sarvice) 29/-10-70/7 | TO THE OUT OF THE PARTY OF THE |
| | 18. MEDICAL CER | TIFICATION INTERVAL BETWEEN |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | offer HEART TURBALE ONSET AND DEATH |
| | 420.0 IMMEDIATE CAUSE (A) CITCUTOCKET | otec HEAR! Disease |
| | ANTECEDENT CAUSE(S) DUE TO | |
| | DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE | |
| | STATING UNDERLYING CAUSE LAST. DUE TO | |
| | LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| | 198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 2 | A ACCIONAL MARKANINA TO A CONTRACT OF THE CONT | YES NO |
| | OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| | 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 2 | HOW DID INJURY OCCUR? |
| | M. at work at work | |
| 3 | 22. I hereby certify that I attended the deceased from | 1950, to Feb 3, 1956, that I last saw the deceased |
| | alive on 195.5. and that death occurred at. | |
| W O | SIGNATURE 6/ DE | ADDRESS (Street, city, town, stete) DATE SIGNED |
| 22 | Chase Voaco M.D. | 335 7. St. M. E. Washington O.C. |
| Ċ | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (| CREMATORY LOCATION (City, town, or county) (State) |
| AIS | BUHAI-KEMOLALZ-3-56 NOOS/A | 19 (FM. D3470N, 0410 |
| ? | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
| | DATE Jet, 6-56 Corre Campbell | y rum sees sons 300-4th NE |
| | | |

OF ANDMITTARE DEPASTMENT OF MEASTH-BALFINGON, 10

HTARGROSTADIATION OF DEATH

and common or other plant of the property of the common of

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- SUREAU V. S.

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| 9.45 0.15 M | WRITE |
| 2 | PLEASE |

SN

MARYLAND STATE DEPARTMENT OF HEALTH

2117

2411 N. Charles St., Baltimore

02083

CERTIFICATE OF DEATH

142

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|---|
| County Druce Floring | man la |
| (If outside city or town limits, write RURA) and give nearest town) | State County County County |
| How long in above place of death? | (If outside eity or town limits, water RURA) and give nesrest town) |
| Hospital, Institution, or street address where death occurred: | Sireet No. 7/3-59 (Clare |
| 00 7/3-59" Blace | (If rural, give LOCATION) |
| How long in hospital or institution? | 2,(a) It veleran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Edna Mu | se |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 40 |
| Huale Hearn married | 20. DATE OF DEATH Tedy. 19 1956, 21/1 P. M |
| 1711 otal mile | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(b) Name of husband or wite | 1947 10 2 - 19 1956 |
| 7. Birth date of 3 - 44 | and that I last saw here alive on 2-17-1956. |
| deceased (mo., day, yr.) $a - 7 - 1908$ | Immediate vause of death DURATION |
| 8. AGE: Years Months Days It less than one day | |
| 7- / / /hrsm | Coronary Heart attack 3 his. |
| 8. Birthpiace Vinguia | Due to |
| (Town, county, and state) | |
| 10. Usual occupation | Due to |
| 11, Industry or business | 420.1 |
| 置 12. Name Un Known | Dther conditions |
| 12. Name UA KA OWA 13. Birthplace | (Include pregnancy within 3 months of death) |
| = 14. Malden name Lula Hunguford | (Include pregnancy within 3 months of death) |
| 14. Malden name Zula Zungufus 15. Birthplace | Major findings of operations. |
| 21 15. Birthpiace 2 1 7.2 00's 2 | Oate of op. |
| 16. Informant Robert William In use | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address 3229-Hayes St. WE D.C | 22. VIOLENCE: It death was due to external causes, fill in the following; |
| 17 Burial Dale thereof Feb. 23,56 | Accident, suicide, or homicide |
| (Burial, cremation, or removal, Which?) (month) (day) (year) | |
| Cemelery or crematory | Where did Injury occur? |
| Localion Wash, D.C. | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director berry S. Washington + Sors | Means of Injury Injury at work? |
| 117 101 1 20 11 10 10 10 1 | of the terms |
| Address 461 W ST M.W. WORK W. | 23. SIGNATURE TUUL ORUSSU, WWW. |
| Let 12 1056 Carrie Campbell | 2 160 1 Eastern Con 16 2/10/11 |
| (Date rec'd by registrar) Registr | rar Address O C O |

FEB 27 1956

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2069 CERTIFICATE OF DEATH

age

correct

The

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Reg. Dist. No. 23

| 4 | | |
|--|--|--|
| 1. PLACE OF PEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY | Pr. Hearsen |
| CITY (If outside corporate limits, write RUMAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give | 17000 1900 |
| OR give nearest town) TOWN OR give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL and give OR TOWN A. | nearest town) |
| HOSPITAL OR INSTITUTION OR | STREET (If rural give location) | 1 |
| STREET ADDRESS/line L Llorges / Initial / Form | d 4304-31-1 | reet |
| 3. NAME OF (First) DECEASED (Type or Print) Wargarel E. Middle) | (Last) 4. DATE (Month) OF DEATH 72/> | (Day) (Year) |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | 4/30/70 Months | 1 year If under 24 hrs. Days Hours Min. |
| That while (Specify) wishow | 3101 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 10b. Kind of Business or Industry 10c. Kind of Business or Industry | | CITIZEN OF WHAT |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME. | |
| martin Lynch | margaret Kehol. | |
| 15. WAS DECEASED EVER IN U.S. ANARD FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of | 17. INFORMANT PL. V. W. | |
| no leervice) — Manl | I muy lealon | |
| 18. MEDICAL CEI | RTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 0 | INTERVAL BETWEEN ONSET AND DEATH |
| 4341 | 1 70.0 | |
| Immediate cause (a) longe Stuce | AFFOR LICENSE | |
| | | |
| Antecedent cause(s) Diseases or conditions, if any, (b) | | |
| giving rise to the above cause stating the underlying cause last | | |
| status the underlying cause tast | | |
| (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | The state of the s | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | |
| | | 20. AUTOPSY? |
| | | 20. AUTOPSY? |
| 0 | | Yes No Z |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY | (CITY OR TOWN) (COUNTY) | / |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | (CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? | Yes No Z |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While | | Yes No Z |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF White at Not White INJURY m. Work At work | HOW DID INJURY OCCUR? | Yes No Z |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While | HOW DID INJURY OCCUR? | Yes No Z |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work | HOW DID INJURY OCCUR? | Yes No No (STATE) |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) Not While at Not While INJURY 22. I hereby certify that I attended the deceased from 2 - 1,0,19 and that death occurred at 1. | HOW DID INJURY OCCUR? 19.6, to 2/10, 19.6, that I last sa | Yes No No (STATE) aw the deceased ted above. |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work | HOW DID INJURY OCCUR? | Yes No No (STATE) |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) Not While at Not While INJURY 22. I hereby certify that I attended the deceased from 2 - 1,0,19 and that death occurred at 1. | HOW DID INJURY OCCUR? 19.6, to 2/10, 19.6, that I last sa | Yes No No (STATE) aw the deceased ted above. |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on 2 - 0, 19 and that death occurred at SIGNATURE (Degree or title) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE | HOW DID INJURY OCCUR? 19. 6, to 2/10, 19. 6, that I last sa ADDRESS ADDR | Yes No (STATE) aw the deceased ted above. DATE SIGNED |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from | HOW DID INJURY OCCUR? 19. 6, to 2/10, 19. 6, that I last sa ADDRESS ADDRESS PROBLE CON Recorded Such RY OR CREMATORY LOCATION (City, town, or county) | Yes No (STATE) aw the deceased ted above. DATE SIGNED |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from | HOW DID INJURY OCCUR? 19. 6, to 2/10, 19. 6, that I last sa ADDRESS ADDR | Yes No (STATE) aw the deceased ted above. DATE SIGNED |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from | HOW DID INJURY OCCUR? 19. 6, to 2/10, 19. 6, that I last sa ADDRESS ADDRESS PROBLE CON Recorded Such RY OR CREMATORY LOCATION (City, town, or county) | Yes No (STATE) aw the deceased ted above. DATE SIGNED |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from | HOW DID INJURY OCCUR? 19. 6, to 2/10, 19. 6, that I last sa ADDRESS ADDRESS PROBLE CON Recorded Such RY OR CREMATORY LOCATION (City, town, or county) | Yes No (STATE) aw the deceased ted above. DATE SIGNED |

FEB 17 1956

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2118 CERTIFICATE OF DEATH Reg. Dist. No. 243

| 2118 | CERTIFICA | TE OF | DEATH | Reg. Di | ist. No. 243 |
|---|---|------------------|-------------------------|--------------------------|--|
| 1. PLACE OF DEATH: | | 1 2 USUAL | RESIDENCE (HOME | | |
| COUNTY Prince Georges | | | D.C. | | |
| COUNTY | MARYLAND | STATE | | | UNTY and give nearest town |
| OR and give nearest town) | (in this place | OR | | nits, write RUKAI | , and give newrest town, |
| V CTCIMI DATE (IEULAT |) 19 days | TOWN | Washington | Y6 1 1 1 | 4/x 3 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale | Hospital | STREET ADDRES | s % Mrs. Ann | 10'th St., | N.W. |
| 3. NAME OF DECEASED: (First) (Type or Print) (First) HELEN | (Middle) | (Last) NOCK | 4. DATE OF DEATH: | | DRy) (Year) 19 56 |
| RACE: WID | OWED, DIVORCED, | 11/10/18 | 9. AGE last b | yrs. IF UNDER Months | 1 YEAR IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, | 10b. KIND OF BUSINES | | PLACE (State or for | eign country): 1 | 2. CITIZEN OF WHAT |
| even if retired): None | INDUSTRY: | 1Ph | iladelphia, | Pa. | USA |
| 13. FATHER'S NAME: | 1 | | 'S MAIDEN NAME: | | |
| Eddie Pollard | | Marv | McDonald | | |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES | | 17. INFORMANT | & ADDRESS: | | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | Lost | Dec | edent | | |
| | 18. MEDICAL CERTIFI | | 000114 | | Interval Betwee |
| DU | | ary Tul | bleculosis | e | Onset And Deat 4 yrs |
| Antecedent causes (s) Diseases or conditions, if any, | (b) | | | | |
| giving rise to the shove comes | E TO | | | | |
| 260X | (e) | | | | |
| OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing | not halve had death. | es Mell | 1. The | | 11/9/2 |
| 19a. DATE OF OPERATION: 19b. MAJO | OR FINDINGS OF OPERAT | ION | | | 20. AUTOPSY |
| et A COVENIM | | | | 160711 | Yes No 2 |
| SUICIDE OF INJ | ACE (Home, farm, factory, office bldg., etc.) URY | | R TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF 1NJURY m. | While at Not While Work At Work | | INJURY OCCUR? | | |
| 22. I hereby certify that I attended | | | 2-25 19 | 56 that I la | st saw the deceased |
| alive on 2-25 , 19 76 , and SIGNATURE | that death occurred a | t7:15 p.m. | , from the causes | and on the da | te stated above. |
| 23. BURML, CREMATION, DATE THEIR REMOVAL (Specify) 2.29 | REOF NAME OF CEM | ETERY OR CREM | Hom Pallate Was | M(City, town, or hi49/19 | , D.C. |
| DATE REC'D BY LOCAL REGISTRAL REGISTRAL | S SIGNATURE | 24. FUNERA | L DIRECTOR | | ADDRESS |
| 4 -017 0 | or to war | African a | Con / | | N many 15 |

NAR 5 1956

BUREAU V. S.

A15-10-53

VS.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 2070

| 18 | 020 | 187 |
|----|-----|-----|
| | 7 | 3/ |

| | ! GUIU CERTIFICATI | E OF DEATH Reg. Dist. | No | | |
|------------|--|--|--|--|--|
| ly. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |): | | |
| legibly | COUNTY Prince Georges MARYLAND | STATE Md. COUNTY To. | reony es | | |
| l le | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) | CITY(If outside corporate limits, write RURAL at | | | |
| and | 38 TOWN Cheverly 3days | TOWN East Kluundale | 3.5 | | |
| | HOSPITAL OR INSTITUTION OR | STREET (If rural give location) | 1 | | |
| clearly | 77 STREET ADDRESS Tiloce Georges General Hosp. | 5512 Madisons | Street | | |
| | 3. NAME OF (First) (Middle) | | Day) (Year) | | |
| death | (type of time) Of the | Oliver DEATH: 2/3 | 19.56 | | |
| | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, | o. Not index | EAR IF UNDER 24 HRS. ays Hours Min. | | |
| s of | Female White (Specify): Divorced 4- | 4-1895 60 yrs. | | | |
| causes | work done during most of working life, every regired RESS | 11. BIRTHPLACE (State or foreign country): 12. | COUNTRY? | | |
| | 13. FATHER'S NAME; | 14. MOTHER'S MAIDEN NAME: | 0.7,, | | |
| write the | Unknown | DEBORAH FOSTER | | | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | | | |
| | (Yes, no to unk.) (If Yes, give war or dates 555-40-1184 | Statistic Card | | | |
| please | 18. MEDICAL CERTIFICAT | rion | INTERVAL BETWEEN | | |
| p | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH | | |
| .: | 420. IMMEDIATE CAUSE (A) MORCHO! | Pheumonia | 3 dA45 | | |
| iar | ANTECEDENT CAUSE (8) | 11 1 | 17 | | |
| Physicians | DISEASES OR CONDITIONS, IF ANY. (B) | UE HEAST TAILUIS | 3 0 145 | | |
| Ph | STATING UNDERLYING CAUSE LAST. | 11. 11 + 1 | 2 | | |
| نب | (C) COLONAWI | INTEROSCINOTIC HEAVI VIS. | | | |
| important. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | 4 A 4 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |) | | |
| lodi | DISEASE OR CONDITION CAUSING DEATH. | A H TY CAN PRYSEMA | | | |
| y im | 2 | | YES NO | | |
| especially | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner) | | y) (State) | | |
| esp | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while | D 21F. HOW DID INJURY OCCUR? | | | |
| 202 | OF INJURY M. While Not while at work at work | | | | |
| | 22. I hereby certify that I attended the deceased from 131 , 1956, to 2/3 , 1956, that I last saw the deceased | | | | |
| age | alive on | | | | |
| correct | SIGNATURF | ADDRESS | E SIGNED | | |
| OLL | | ERY OR CREMATORY LOCATION (City, town, or | county) (State) | | |
| 0 | | CREMATORY SUITLAND, IR GO | | | |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS | | |

W.W. Commons Co.

EEB 14 1820

DEREGIAED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 1

| MARILAND STATE DEPARTMEN | T OF HEALTH—BALTIMORE, I | 8 A N.C. A |
|--|--|--|
| 2071 CERTIFICATI | E OF DEATH Reg. I | Dist. No. 245 |
| 1. PLACE OF GEATH: COUNTY & HA MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECE | SED: |
| CITY (Poutside corporate limits, write RURAL OR and give nearest town) STOWN (In this place) | CITY(If outside) corporate limits, write RURA | L and give nearest town |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS 4806 Made | snu H |
| 3. NAME OF (First) (Middle) (Middle) (Type or Print) aymond in O Mila | (Last) 4. DATE (Month) OF DEATH: 2 | (Duy) (Year) 1956 |
| 5. SEX: 6. COLON OR 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify): M | OF BIRTH: 9. AGE last birthday IF UNOR Months | |
| OA. USUAL OCCUPATION (Give kind of work done during most of working life, over if retired). OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | COUNTRY WHAT |
| John D. O'Meaa | 14. MOTHER'S MAIDEN NAME: | 12 |
| Was Deceased Ever In U.S. Armed Forces: Yes, no. or unk. (If Yes, give war or dates of service) | Floure of O. 10 | meara |
| 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ION | INTERVAL BETWEEN |
| | in Heart Failure | 6 man |
| DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO DUE TO DUE TO | assleration heart dessa | ce Unknown |
| (C) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory, 21c. WHERE DID (City or town) (Control of the control of the | ounty) (State) |
| OF INJURY OF INJURY OF INJURY OF INJURY OR INJURY OR INJURY M. 21E INJURY OCCURRED While Not while at work at work A | 21F, HOW DID INJURY OCCUR? | |
| SIGNATURE | 6.30 p.M, from the causes and on the da ADDRESS | te stated above. DATE SIGNED Full 1956 |
| Parmal 2-11-56 mf Q | with line Wash | VC |
| DATE REC'D BY LOCAL REGISTRAR'S SLENATURE | ZA. FUNERAL DIRECTOR | ADDRESS 1 |

VS. A15 -- 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

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EB 16 1029

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

The /

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|---|--|--------------------|--|--|
| MARYLAND STATE DEPARTMENT | r of health—baltimore, 18 | 02089 | | |
| 2072 CERTIFICATE | C OF DEATH Reg. Dist. | No. 231 | | |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |): | | |
| COUNTY RINCE GEORGE'S MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN MARYLAND (in this place) | STATE MARGIAND COUNTY THING CITY(If outside corporate limits, write RURAL as OR TOWN Clinton | | | |
| HOSPITAL OR INSTITUTION OR | STREET (If rurai give location) | 2- | | |
| MYSTREET ADDRESS PRINCE GEN GES. HOSP | /CF I- 96X 3/ | | | |
| DECEASED: (Type or Print) John Ow | DENS. DEATH: 766 1 | Ony) (Year) / 1957 | | |
| RACE: 4 WIDOWED, DIVORCED. | OF BIRTH: 9. AGE iast birthday FUNDER 1 Y. Months D. Wyrs. | ays Hours Min. | | |
| IOA. USUAL OCCUPATION (Give kind of work done during most of working life, or INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT | | |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | | |
| Storge W. Urvens | 17. INFORMANT & ADDRESS: | - | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) | Ma J. Welies | Wife | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? | | |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) | | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work | | | | |
| 22. I hereby certify that I attended the deceased from | 1 110 | saw the deceased | | |
| alive on | | | | |
| REMOVAL (SPECIFY) | ton nath Location (City, town, or | county) (State) | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR // Sto Milled Stundy | Serumon 1445. 1661- Gov | of Hope Rd SE | | |

LEB I 2 1826

Reg. Dist. No.

| 21 | 119 CI | ERTIFICATE | OF DE | ATH | Reg. Dist. | No. 2245 |
|---|---|--|----------------------------|-----------------------|-----------------------|-----------------------------------|
| 1. PLACE OF DEATH: | 0 | 1 | 2. USUAL RESID | ENCE (HOME) OF | DECEASED: | 2 |
| COUNTY Trues | 2 deal | 9 MARYLAND | STATE V | nd- | COUNT | truce |
| CITY (If outside corporate OR and give nearest town TOWN | limits, write RURA | | | lde cornerate limits, | write RURAL and | give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | 26-21 | At | STREET ADDRESS | Sauce | ural give location) | 1 |
| 3. NAME OF DECEASED: (Type or Print) 5. SEX: 6. COLOR OR | | (Middle) ORH ARRIED. 8. DATE (| (Last) VZNE (S OF BIRTH: | OF DEATH: | Month) (Day) | (Year) 19 S AR IF UNDER 24 HRS. |
| F RACE. | WIDOWED, (Specify): | DIVORCED, | ec. 25 190 | - 110 | Months Day | |
| 10a. USUAL OCCUPATION Give work done during most of we even if retired) | orking life, | KIND OF BUSINESS OR INDUSTRY: | II. BIRTHPLAC | E (State or foreign | country): 12. Cl | OUNTRY? |
| 13 FATHER'S NAME: | 7011 | Q :00 | 14. MOTHER'S MA | IDEN NAME: | Lita | 135/40ER |
| 15 WAS DECEASED EVER IN U.S.Ar (Yes, no. or unk.) (If Yes, give w aervice) | med forces? 16. Sar of dates of | OCIAL SECURITY NO.: 17. | INFORMANT & A | DDRESS. Frank | · Paus | worden s |
| | | MEDICAL CERTIFICATIO | N | 1 | | Interval Between |
| 1. DISEASES OR CONDITION 540. Immediate cause | S DIRECTLY LEA | Crowar | y Oca | lusio | 4 <i>j</i> | Onset And Death |
| Antecedent causes (s) Diseases or conditions, If a giving rise to the above of | DUE TO | Poplie 1 | eleve | alei | lei | 3 coles |
| stating the underlying cause | | Ertered | elevi | de la | read. | 3-440 |
| 11. OTHER SIGNIFICANT CON Conditions contributing to the related to the disease or cond | e death but not lition causing death | | | 16 | | |
| 19a. DATE OF OPERATION: | 19b. MAJOR FINE | DINGS OF OPERATION | | | | Yes No No |
| 2I. ACCIDENT (Specify) SUICIDE HOMICIDE | PLACE (He OF OFFI | ome, farm, factory, street, ice bldg., etc.) | (CITY OR TO | WN) (CC | OUNTY) (ST | TATE) |
| TIME (Month) (Day) (Yea OF INJURY | r) (Hour) INJ Whi | URY OCCURED le at Not While rk At Work | HOW DID INJU | RY OCCUR? | | |
| 22. Hereby certify that I | attended the dec | ceased from | 1946, to J | | | aw the deceased |
| alive on 19 | | death occurred at | 430 Mir | om the causes an | d on the date s | tated above. |
| 23. BURIAL, CREMATION, IT | ATE THEREOR | NAME OF CEMETER | Y OR CREMATOR | LOCATION (| City, town, or cour | nty) (State) |
| BURIAL. | EGISTRAR'S SIGN | · · · · · · · · · · · · · · · · · · · | 4. EUNERAL DIR | EGTOR - | E GEO | ADDRESS |
| 12 8 19 17 g | anus É | levery | The o | . H. He | ils 60-2 AShING TO | 401-14 This |
| | | 6 | | W | 11 01/149 10 | A build |

VS. A15

3861 I 98M

| 2973 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 02091 Reg. Dist. |
|---|----------------------------------|
| MEDICAL EXAMINER'S CERTIFICATE OF DEATH | No. 231 |
| 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Truck Leptges MARYLAND STATE D. COUNTY | |
| CiTY (If outside corporate limits, write RURAL and OR and give near st fown) City (If outside corporate limits write RURAL and OR TOWN City (If outside corporate limits write RURAL and OR TOWN OR TOWN | give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 4622 - Clary | HUE |
| 3. NAME OF DECEASED: (Middle) (Middle) (Mast) (Month) (Day OF DEATH 2-6- | (Year) 19 5 -6 |
| 6. COLOR OR AT. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Willow — 1418 9. AGE last birthday: Windle Da | ys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work life, even if retired:) Western Wash 11b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12. | COUNTRY? |
| 3. FATHER'S NAME: | |
| 15 Was Proprious Fund by U.S. Anyon Popular 2 | W 00 1 - |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.: 17 Informant & Address: 122 - 46 Cerry Carber Work DC. | (Son) |
| is. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Cerebral compression | |
| DUE TO | |
| Antecedent cause(s) Diseases or conditions, if any, (b) Intracramal hemorrhage | |
| giving rise to the above cause DUE TO | Carrie Carrie |
| stating underlying cause iast (c) Cerebellar hemorrhace | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? |
| 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc., INJURY 21b. PLACE (Home, farm, factory, office bldg., etc., INJURY) CAUSE OF DEATH. (County) | (State) |
| 2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY MM. 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I took charge of the remains described above, held an Autopsy of, Inspection | Inquiry M, and |
| GIGNATURE CHIEF MEDICAL EXAMINER | mined cause []. DATE SIGNED |
| John) Maloned Hyaltmall and) M. D. ASSISTANT MEDICAL EXAMINER | 2-7-56 |
| 23. BURIAL, CREMATION, DATE/THEREOF NAME OF CEMETIMEY OR CREMATORY LOCATION (City town, or co | unty) (State) |
| DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR | ADDRESS |
| RING. 8/56 Conanda of prover, Hung & washington som | |
| | n. w. |

BUREAU V C



FEB 23 1956

BUREAU V. S.

CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY a. STATE b. COUNTY MARYLAND rince deoth. Pro CITY OR TOWN (If autside corporate limits, vrite c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give mearest town) shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO trince TEARASS 2 NAME OF Middle last 4. DATE Month Day Year DECEASED P OF DEATH (Type or print) 25 190 (5. SEX IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Min: WIDOWED | DIVORCED T ecuted popers campl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) WateRMAN 0 carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici hours remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address ease 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH 7 PART I. DEATH WAS CAUSED BY: +dan Then IMMEDIATE CAUSE (a) event DUE TO px mit. ony Conditions, if any, which gned gave rise to immediate per **DUE TO** 2 couse (o), stating the underond lying cause last. burial-transit een PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) cremotion, 90 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, farm, | 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour a. ft. While Not while 19 at work at work p. m. P 21. I certify that I attended the deceased from -2 - - 25 19 54, that I last saw the deceased to M, from the causes and an the date stated above. alive on and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED DIRECT ACTUAL prior SIGNATUR should PHYSICIAN'S NAME (Type) FUNEP 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) egod (State) REMOVAL (Specify) JHURDS dC 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3261 3 AAM

BECENTED

| . ^ | 271 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 02094 |
|--------|--|--|------------------------|
| W | A | 2076 CERTIFICATE OF DEATH Reg. Dist | . No. |
| J. | 1 2 | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| | n careful d legibly | COUNTY Prince Service MARYLAND STATE Manyland COUNTY POIN CITY (If outside corporate limits, write RURAL or and give nearest town) MARYLAND STATE Manyland COUNTY POIN CITY (If outside corporate ilmits, write RURAL or county for this place) | and give nearest town) |
| | an | Town Cheverly md Town Tolom & Park. | 17 |
| | m of information death clearly and | HOSPITAL OR INSTITUTION OR TINES Groupe Son tosp STREET ADDRESS 6515 West movela. | nd Avel |
| | eath c | DECEASED: (Type or Print) Sarth PICKIES DEATH: TEB | Day) (Year) |
| | of it | While (Specify): married 27 Mar 1883 1/7.72 yrs. | Days Hours Min. |
| bN | y every causes | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12. OR INDUSTRY: | COUNTRY? |
| KINDI | Supply te the c | 13. FATHER'S NAMÉ: 14. MOTHER'S MAIDEN NAME: Lelia Vaane | |
| T | Wri | (Yes, no, or unk.) (If Yes, give war or dates of service) 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: William Picker Tal | come forh |
| | and . | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN |
| VE | I | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| ER | AAI ns: | 411 X IMMEDIATE CAUSE (A) CONGESTIVE HEART PRILUTE | 2 WEEKS |
| | AINLY, WITH UNFADING important. Physicians: ples | DISEASES OR CONDITIONS, IF ANY. (B) CAIC: F.C HOTT: C STENOS: S | 5 |
| MARGIN | | STATING UNDERLYING CAUSE LAST. (C) CLASSIC PLUMATE HEAT D:SEASE | 7. |
| MA | | II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| | 4 | 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Coun INJURY OCCUR?) | ty) (State) |
| | > | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR? | |
| | E OR | 22. I hereby certify that I attended the deceased from, 19, to, 19, that I last | |
| _ | TYP | Laved & Clayman M. D. Riverday, mg | 2/3/56 |
| A15 — | PLEASE cor | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) Tel 6/96 Colevelle meth church woodsede yen | in had |
| | 2/8/5 | Date REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 19 1956 Chyander Deal Farenal Home 4812 12 | a live IN DC |

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BUREAU V. S.

LEB IT 1826

| 1 | 2077 | 02095 |
|--|---|--|
| 42 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | Reg. Dist. |
| carefully. The correct and legibly. | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | No. 23/ |
| 9 | I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| The ply. | COUNTY Pring Ce Google MARYLAND STATE COUNTY SERVE CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits write RURAL and | |
| Jegily Fegri | CITY (If thiside corporate limits, write FURAL LENGTH OF STAY OR and give nearest town) TOWN CITY (If outside corporate limits write RURAL and OR TOWN Rechmend | give nearest town) |
| n care | HOSPITAL OR INSTITUTION OR STREET ADDRESS FINA Genges Gen Hosp. STREET ADDRESS 5107 - Copson | Road / |
| mation | 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day DECEASED: (Type or Print) Robert Charles (Parmers DEATH 2 - 2 C | (Year) |
| nfo sath | Male 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE F BIRTH: 9. AGE last birthday: IF UNDER I WIDOWED, DIVORCED, (Specify): Manual Oct. 21, 1890 59 yrs. | YEAR IF UNDER 24 HRS. Bays Hours Min. |
| 0 44 | 10a. USUAL OCCUPATION (Give kind of work done during post of work life, even if retired): 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| Supply every item write the causes o | 13. FATHER'S NAME: Superintendent 14. MOTHER'S MAIDEN NAME: | usq. |
| BI BY BY BY BY BY BY BY | 15. WAS DECEASED EVER IN UM. ARM FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADERESS: | |
| FOR pply efte the | (Yes, no, or unk.) (If Yes, give war of dates of service) 825-07-8369 Wye-Same oddre | 00 |
| Sup | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN |
| <u> </u> | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | ONSET AND DEATH |
| RESERVI NG INK. | Immediate cause (a) Congestive/plant failur | 4 |
| | Antecedent cause(s) Diseases or conditions if any (b) (an chorancular renal disease | |
| Zi ji ji | Diseases or conditions, if any, giving rise to the above cause DUE TO | |
| RG. | stating underlying cause last (c) | |
| MARGIN RE H UNFADINC L. Physicians: | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| WITH | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes \(\subseteq \text{No} \subseteq \) |
| E PLAINLY, WITH especially important. | 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY INJURY (County) | (State) |
| LAIN | 2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while iNJURY M. work at work | |
| P P Spe | 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection | Inquiry, and |
| WRITE ge is es | find that death resulted from: Natural causes Accident , Suicide , Homicide , Undete | rmined cause []. |
| H | SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER | THE DIGITIES |
| ent | Ham) . The alone of the state | 2-26-56 |
| LEASE W | ASSISTANT MEDICAL EXAM. A. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERS OF CREMATORY LOCATION (City, town, or control of the control of | 2-26-56 punty) (State) |

BUREAU V. S.

FEB 29 1956

BECEINED

2 V CAMANA

BECEINED

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2079

CERTIFICATE OF DEATH

02097

| | | Keg. Dis | 1. No. |
|---|--|--|--|
| | 1. PLACE OF DEATH o. COUNTY PRINCE GROGGES MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Dayland b. COUNTY | ce before admission) |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) | c. CITY OR TOWN (If ourside corporate limits, write RURAL and g | ive nearest town) |
| | thecerty 17 days | Green balt | 3 |
| | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Trince Georges General Hospital | d. STREET ADDRESS 2 K- GARDENWAY | e. IS RESIDENCE ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or print) Taul WELLER | Reed 4. DATE Month OF DEATH 2 - | Day Year 29 19 5 6 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH 9. AGE (In years IF UNDER | 1 YEAR IF UNDER 24 HRS. Days Hours Min. |
| | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES TO SURFINE CONTROL OF BUSINESS OR INDUSTRIES TRANSPORTED TO SURFINE CONTROL OF BUSINESS OR INDUSTRIES OR IND | | ZEN OF WHAT COUNTRY |
| | 13. FATHER'S NAME PAUL WELLER REED | MARGARET G. SHUE | IRT |
| 0 | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (19s. no. of uniform) (If yes, give wronger dates of service) 578-12-829 | Statistic Card Address | |
| | 1B. CAUSE OF DEATH [Enter only one cause per life for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | tores herochage | INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if any, which gove rise to immediate (b) Replieurd (| 12 hw | |
| | cause (a), stating the under- DUE TO Factoring Sta | esteri Regustion | |
| | Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 1(o) 19. WAS AUTOPSY PERFORMED? YES NO |
| | | D. (Enter noture of injury in Port 1 or Part II of item 18.) | |
| | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. 11. P. m. 19 While Not white at work of work | ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bldg., etc.) | ounty) (State) |
| | 21. I certify that I attended the deceased from 2//2 alive an 2/29, 1956, and that death | 2250 | ast saw the decease e date stated above DATE SIGNE |
| | SIGNATURE SCHOOL | M.D. (E) C. Ell H. New | |
| | NAME (Typo) JAY/ JENWARTZOAC | H. | |
| | 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF SEMOVAL (Specify) 3/3/1956 SLD DURHAM | E - 1911 | ces es Mo |
| | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG | NATURE |
| | W.W Examen Co. Winasi | DATE 3/3/56 Chardragh. | Dilune, |

CERTIFICATE OF DEATH THE RESTAURANT OF THE PARTY OF BUREAU V. S. soft that the bulleting his designation of the 9 AAM 9961

The back which is the property of the state of the state

MARYLAND STATE DEPARTMENT OF HEALTH

2120

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 342

| I. PLACE OF DEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNT | P |
|---|--|----------------------------|
| I. PLACE OF DEATH COUNTY MARYLAND CITY (If outside corporate limits brite RURAL and I LENGTH OF STAY | 110 | Time Levis |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (In this place) | CITY (If outside corporate limits, write RURAL and g | rive nearest town) |
| TOWN Col Cesaul (In this place) | TOWN Seat Plesant | X |
| HOSPITAL OR | STREET (If rural, give location) | 1 |
| INSTITUTION OR STREET ADDRESS | ADDRESS 70/ J St. | |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| DECEASED (Typo or Print) | DEATH Jel | 23 1956 |
| | | r I year If under 24 hrs |
| WIDOWED, DIVORCED, | 11 /- /1075 00 Months | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT |
| done during most of working life, ever if retired) INDUSTRY | (1) I de D II | COUNTRY? |
| 13. FATHER'S NAME | 1 14. MOTHER'S MAIDEN NAME | |
| de la | | |
| 15. Was/Deceased Ever In U.S. Armed Forces?/ 16. Social Security No. | 17. INFORMANT | |
| (Yes, no, or unknown) (If yes, give war or dates of | The state of the s | |
| No. service) | your muller y lash | - |
| 18. MEDICAL CE | RTIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| 332X | | (mm - m |
| Immediate cause (a) Wrence dren | | GZ/IVOS. |
| Antecedent cause(8) | hyo mosis, | a mos. |
| Diseases or conditions, if any, (b) | tt reriesclerosis | Moksown |
| giving rise to the above cause atating the underlying cause inst | | |
| (c) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| II. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No No |
| 2i. ACCIDENT (Specify) PLACE (Home, farm, factory, street, | (CITY OR TOWN) (COUNTY | |
| SUICIDE OF office bldg., etc.) | (322.2 33.2 34.1) | () () () |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF While at Not While | | |
| INJURY m. Work At work | | |
| 22. I hereby certify that I attended the deceased from | 6, 19 to 2/22, 19.56, that I last | saw the deceased |
| 22. I hereby termy that I assended the deceased normally | | Dan viio deceased |
| | f. S.S. A.m., from the causes and on the date s | |
| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
| UV - + mN. 124184. | BarnatasttixE 2 | 123/56 |
| 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE | RY OR CREMATORY LOCATION (City, town, or cou | |
| REMOVAL (Speedly) | 1 A To August August | (Since) |
| Tenous X Berech 6/ 03/26 Nakonen | 24. FUNERAL DIRECTOR | ADDRESS |
| DATE RECU BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL GIRECTUR | ADDRESS |
| John 23 1956 Carrie Campbell | I allos turend House | |
| | 7847 (vila Blad Q. O. | × 1/2 |
| V | no / wheat / hua, celling | ylow, Ua. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15



BUREAU V. E.

carefully.

M

I. PLACE OF

DECEASED (Type or Pa 5. SEX: female 10A. USUAL OF

13. FATHER'S

IS. WAS DECEASE

(Yes. no. or unl

I DISEASES

GIVING RISE STATING UNI

II OTHER SIG

21A. ACCIDEN OR CONTRIBUT

(IF EITHER, NOT

BATE REC'D BY LOCAL

3 OR age

correct

TYPE

PLEASE

TO THE DE DISEASE C 19A. DATE OF

IMME ANTECE DISEASES OR

| 53 |
|------|
| |
| 10 |
| - |
| 50 |
| A1 |
| V.S. |

| MARYLAND STATE DEPARTMEN | T OF HEALTH—BALTIMORE, 18 | 02099 | |
|--|---|------------------------------------|--|
| 2080 CERTIFICATI | | 1771 | |
| PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |): | |
| COUNTY Prince Georges MARYLAND | STATE Maryland COUNTY Prince | Georges | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY or and give nearest town) TOWN heverly 1 years | CITYII outside corporate limits, write RURAL as OR TOWN Cheverly | nd give nearest town) | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 6000 Euclid St | STREET (If rural give location) ADDRESS 6000 Euclid St Prince Georges Cou | intv | |
| DECEASED: (Type or Print) Mary Fisher Robins | (Last) 4. DATE (Month) (DOF DEATH: | Day) (Year) 5, 19 ⁵⁶ | |
| emale white Specify): widowed fune /, | 77 yrs. | ays Hours Min. | |
| USUAL OCCUPATION (Give kind of working life. even if retired) HOUSEWIFE FATHER'S NAME: USUAL OCCUPATION (Give kind of of working life. OR INDUSTRY: Self | Pennsylvania | CITIZEN OF WHAT | |
| FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | |
| linknown | Unknown | | |
| vas Deceased Even in U.S. Armed Forces? 16. Social Security No. 16. Social Security No. 17. Social Security No. 18. Social Security No. 18. Social Security No. 19. Social Security No. 19. Social Security No. | Comly B S Robinson Cheverly N | Id | |
| DISEASES OR CONDITIONS DIRECTLY LEADING TO PEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) 18. MEDICAL CERTIFICAT (A) DUE TO | Perman i a | INTERVAL BETWEEN ONSET AND DEATH | |
| SEASES OR CONDITIONS, IF ANY. VING RISE TO THE ABOVE CAUSE PATING UNDERLYING CAUSE LAST. (C) | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | ul Clerice 1- | | |
| . DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY7 | |
| ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21C. WHERE DID (City or town) (County) (State) CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? | | | |
| TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work | 21F. HOW DID INJURY OCCUR? | | |
| I hereby certify that I attended the deceased from U 4. alive on 3.4 1956, and that death occurred at | | | |

REGISTRAR'S SIGNATURE

alive on SIGNATURE-ADDRESS DATE SIGNED

M. D. NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery 23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF Colmar Man or Md. Feb 8, 1956 Burial

revier

F. Gasch's Sons Hyattsville

Maryland.

(State)

DECENTED SEE

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

121 CERTIFICATE OF DEATH

Reg. Dist. No. 241

| ZIZI CERTIFICATI | E OF DEATH Reg. Dist. No. 272 |
|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY CITY (If ontside corporate limits, write RURAL OR angive nearest town) TOWN MARYLAND LENGTH OF STAY (in this place) | CITY(If outside corporate limits, write RURAL and give nearest fown) OR TOWN |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rury rive location) ADDRESS |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) | (Last) 4. DATE (Month) (Day) (Year) OF DEATH: Heb 17 1957 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specific Lawred Man) | OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS AND HOURS Min. |
| OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if (natived): OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Anne V. Hardy |
| 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) | Towallow R. Pyon 11: Sachem Dr. |
| 18. MEDICAL CERTIFICAT | TION INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) Conglat | try rear tailure 3 was |
| ANTECEDENT CAUSE (S) | 1 4. K VI) . |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | clerotie (Kart) wear 3 yr- |
| (c) Unerall | ed arterio clerosas 15 yr. |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | Zo. Autorsti |
| 0 | YES NO 🔀 |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory, etc. 21c. WHERE DID (City or town) (County) (State) |
| OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from/o: | -40 |
| SIGNATORF 6 1 POOL | ADDRESS DATE SIGNED |
| | ERY OR CREMATORY LOCATION (City, town, or county) (State) |
| DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR ADDRESS |

MARGIN RESERVED FOR BINDING OR WRITE PLAINLY, WITH UNFADING INK. PLEASE TYPE 10 - 53 A15 VS.

The

Supply every item of information carefully.

BECEINED

BUREAU V. S.

EEB ST 1026

BUREAU V. S.

DAISOSIA

ALERTA CHARACTER STREET,

RECISTRACE SIGNATURE

2082 MARYLAND STATE, DEPARTMENT OF HEALTH—BALTIMORE, 18

Source Ma.

| t | ems 13 1/1 Film919 | 2.2= | 1/-50 61 | | | -41 |
|---------|--------------------|------|-------------|----|-------|---------|
| MEDICAL | EXAMINER' | S | CERTIFICATE | OF | DEATH | No. 239 |

| William Distriction of the Court | THE TOTAL OF DESCRIPTION | NO. 2 |
|--|--|---------------------------------------|
| I. PLACE OF BEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY SINCE SION SES MARYLAND | STATE COUNTY COUNTY | 0 |
| OR and give nearest town. CITY (If outline corporate libras, write RURAL LENGTII OF STAY (in this place) | CITY (If outsile corporate limits write RUR O and TOWN | d give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 5/1-4 th Shiet | STREET ADDRESS 5-61-4th Sheet | |
| 3. NAME OF DECEASED: (First) (Middle) (Middle) (Type or Print) | (Last) 4. DATE (Month) (Day OF DEATH 2 - 5 | y) (Year) |
| 5. SEX: 6. COLOR OR 7. SINGLE MARRIED, 8. DATE WIDOVED, DIVORCED. 2 | | YEAR IF UNDER 24 HRS. Pays Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | | COUNTRY? |
| 13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown | |
| | 17. INFORMANT & ADDRESS: Wargaret M. Scott - San | readhes. |
| 18. MEDICA | AL CERTIFICATION | 1- |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) | ege oshoch | INTERVAL BETWEEN ONSET AND DEATH |
| Anteccdent cause(s) | 111 | |
| giving rise to the above cause DUE TO | wound of Mag. | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes No No |
| PRIMARY For CONTRIBUTING Decrease Contribution Decrease Contributi | Jamel- Pr. Sco- MG | (State) |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 2-7-56 4.56 M. work at work | Self inflicted | |
| 22. I hereby certify that I took charge of the remains describ | | |
| find that death resulted from: Natural causes [], Accid | dent [], Suicide []— Homicide [], Undéte CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | DATE SIGNED |
| 3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER | RY OR CREMATERY LACCATION (City, town, or co | ounty) (State) |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DATE RECT BY

MARGIN RESERVED FOR BINDING

- 53 A15A - 5

LEB 14 1855

BUREAU V. S.

e. IS RESIDENCE ON A FARM? YES NO 🖎

Year

190

Months

Reg. Dist. No.

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

| during most of working life, even if retired | - | ma | L. | u.s.a |
|---|----------------------------------|-------------------------------------|--------------------------------|------------------------------|
| FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | |
| Robert L. Scrug | 95 | GlAdys | Nellie Dol | lins 1 |
| . WAS DECEASED EVER IN U. S. ARMED FORCE | S? 16. SOCIAL SECURITY NO. | 7. NFORMANT | Address | 8 |
| 117,000 | | HOSD. K | ecocks | |
| 18. CAUSE OF DEATH [Enter only one couse | per line for (o), (b), and (c).] | | | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | Prematu | RITU | | ONSET AND DEATH |
| 761.5 DUE TO | | | | |
| Canditions, if any, which | PREMITURE. | SepARATION O o. gestation | f Placenta | |
| gave rise to immediate | at 23 /11/2 | a lapsta Tina | . 1110011111 | 3 |
| lying cause last. | W1 23 0070 | 5, 9-311716010 | | |
| PART II. OTHER SIGNIFICANT CONDIT | TIONS CONTRIBUTING TO DEA | TH BUT NOT RELATED TO THE TERM | NAL DISEASE CONDITION GIVEN | IN PART 1(6) 19. WAS AUTOPSY |
| | | | | PERFORMED? YES NO |
| 20g. ACCIDENT WAS UNDERLYING 20g. 20g. 20g. 20g. 20g. 20g. 20g. 20g. | b. DESCRIBE HOW INJURY OF | CCURRED. (Enter nature of injury in | Port I or Port II of item 18.1 | T AS CI NO CI |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | |
| | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form | 20f. (City or town) | (County) (State) |
| Hour a.m. | While Not while | foctory, street, office bldg., etc | | (count) (since) |
| p. m. | ot work at work | | | |
| 21. I certify that I attended the d | | | | |
| alive an | , 12, and that | death accurred at 3:45 | | |
| ADDRESS (Street, city or town, stote) DATE SIGNE | | | | |
| SIGNATURE | , oo oo oo | M.D | | |
| PHYSICIAN'S NAME (Type) | | | | |
| O. BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEME | TERY OR CREMATORY | 22d. LOCATION (City, town, or | county) (State) |
| Burial Feb 23. 1 | 956 Evergre | en Cemeterv | Bladensburg, 1 | Md. |
| FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 24a. REC' | BY REGISTRAR . 246. REGISTR | |
| F. Gasch's Sons Hyatts | sville Maryland | d. DATE L | 4.23"1954 mos | las beverel |
| 076233260 | and all | | ** | |
| | | THE RESIDENCE OF THE PERSON. | | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2084

DATE REC'D BY LOCAL

REG

2411 N. Charies Street, Baitimore

CERTIFICATE OF DEATH Reg. Dist. No... I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY STATE MARYLAND CITY (If outside corporate limits, write/RURAL and OR give pearest town) TOWN LENGTH OF STAY CITY (If outside dorporate limits, write RURAL and give nearest town) (la) this place) TOWN / HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) 19 0 DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 5. SEX 6. COLOR OR RACE 8. DATE OF BURTH 9. AGE last hirthdey | If under 1 year | If under 24 hrs. Months Days Hours 55 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even If retired) INDUSTRY COUNTRY?~ ouse work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of 10 service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No K 21. ACCIDENT PLACE (Home, ferm, factory, street, OF office hidg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) (Hour) INJURY OCCURRED (Day) (Year) HOW DID INJURY OCCUR? While et Not While INJURY Work At work 22. I hereby certify that I attended the deceased from sept., 1954, to 105, 1956, that I last saw the deceased alive on Ju and that death occurred at..... ...m., from the causes and on the date stated above. SIGNATURE (Degree or title) DATE SIGNED ufamen 23. BURIAL CREMATION REMOWAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR

BECEINED

FEB 14 1956

BUREAU V. S.

| MEDICAL EXAMINER'S CER | THICATE OF DEATH No. 157 | | | |
|--|--|--|--|--|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | | |
| COUNTY Trunck Glorger MARYLAND | STATE Marly COUNTY Prime langer | | | |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF STAY (in this place) | CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN | | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural, give location) | | | |
| 3. NAME OF (First) DECEASED: (Type or Print) (Middle) A | holvell OF DEATH 2 24 195 | | | |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, (Spenie) (Spenie) | 13, 1910 45 COXXX yrs. Months Days Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work life, even done during most of work life, even done during most of work life, | 11. BIRTIPLAGE (State or foreign country): 12. CITIZEN OF WHAT | | | |
| 13. KATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | | |
| James Trags | nannie Harrier | | | |
| 15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: Yes, 10, or unk.) (If Yes, give war or dates of service) | Jene Reles Crome hu | | | |
| Interval Letween Immediate cause (a) Coult Congestion for the land Death Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) | | | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes □ No □ | | | |
| PRIMARY Or CONTRIBUTING OF street, office bldg., etc | 7, 2Ic. (City or town) (County) (State) | | | |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work □ | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐. SIGNATURE CHIEF MEDICAL EXAMINER ☐ DATE SIGNED DATE SIGNED M. D. ASSISTANT MEDICAL EXAM. | | | | |
| DEMOVAL (Specify) | ry or CREMATORY LOCATION (City, town, or county) (State) btist Church Cemetery - Chub Lake, N.C. | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG Feb 25 1956 John F Danner. | 24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md. | | | |

PECEIVED 1956

BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH

2123

correct/age

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

PLAINLY, W

PLEASE

FOR BINDING

RESERVED

MARGIN

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

| 1. PLACE OF DEATH: County Pr. Geos Co City or town. Carmody Nills (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Honths Hospital, institution, or street address where death occurred: 212 Carmody Hills Drive How long in hospital or institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Cambria City or town Mundays Corner (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. |
|--|---|
| 3. (a) FULL NAME Jacob Benjamin | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Male White Married | MEDICAL CERTIFICATION 20. DATE OF DEATH Feb 39 1956 , 17:33 |
| 6.(b) Name of husband or wife Rache) Sim mons 6.(c) If allve, give age 76 years 7. Birth date of deceased (mo., day, yr.) 7. Birth 24 1876 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 9 19 56 10 Feb 29 19 54 and that I last saw h 2 772 alive on Feb 28 19 56 |
| 8. AGE: Years Months Days If less than one dayhrsmin. | Concestive Heart Farlure / week |
| 9. Birthplace | Due to. Hyperiosch) exatic Heart Disease 2 years Due to. 420-0 History) |
| 12. Name Joel Simmons 13. Birthplace CAMBRIA Co. Pa 14. Maiden name Hannah Wagner 15. Birthplace CAMBRIA Co. Pa | Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. |
| 16. Interment Mys Roberta Myers Address 212 Carmoay Nills Prive KE. Wash 27. D.E | Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: |
| Cemetery or crematory (December) Constant Con | Accident, suicide, or homicide |
| Address 300-44 St. D. E. Asshington D.C. 19 (Date rec'd by registrar) 19 5 6 Carrea Cambbell. Registrar | 23. SIGNATURE 23. SIGNATURE 7005 Ritchie Ra JE M. D. or other Address Wash 27 D. R. Date signed 2/39/56 |

BECEINED

3261 **3 AAM**

BUREAU V. S.

| 2085 | CERTIFICAT | | | Dist. No. |
|--|---|---|--|--------------------------------|
| 1. PLACE OF DEATH: COUNTY Tener Jen | MARYLAND | STATE Man | HOME OF DECE | Charles |
| OR and give nearest town) and | RURAL LENGTH OF STAY | OR TOWN | podrate limits, write RUR. | AL and give nearest town |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | Teorge Ger. Ho | STREET ADDRESS | (If rural give local | tion) |
| 3. NAME OF (First) DECEASED: (Type or Print) | (Middle) | (Last) Slee | 4. DATE (Month) OF DEATH: 726 | (Day) (Year) |
| RACE: WIDOW (Specify | MARRIED, 8. DATE | OF BIRTH: 9. A | 88 yrs. Months | B Days Hours Min. |
| OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | OR INDUSTRY: | 11. BIRTHPLACE (Sta | te or foreign country): | 12. CITIZEN OF WHA |
| BARRET SLYE | Least World | lank. | EN NAME: | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17, INFORMANT & A | DDRESS: | |
| I DISEASES OR CONDITIONS DIRECTLY | Profably | memior | | INTERVAL BETWEE ONSET AND DEAT |
| IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. | DUE TO Prostate K | upper trophy | stricting of | 2-10-12 |
| STATING UNDERLYING CAUSE LAST. | (c) Senility | diteriosger | osis toleni | 100 |
| II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING D | THE | | | |
| | PUBLIC CYSIO | stomy. | | 20. AUTOPSY7 |
| 21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | IB. PLACE (Home, farm, fac F INJURY street, office bldg. | etcry, 21c. WHERE DID , etc. INJURY OCCUR? | (City or town) (C | County) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | While Not while at work | 21F. HOW DID INJ | URY OCCUR? | |
| 22. I hereby certify that I attended the alive on 270, 1956, and SIGNATURE R. R. Christian | d that death occurred at | | 10, 195 6, that I causes and on the de | |
| 23. BURJAL, CREMATION, DATE THERE 2/15/5 | 6 NAME OF CEMET | Chart | LOCATION (City, town | n, or county) (State |
| DATE REC'D BY LOCAL REGISTRAR'S | SIGNATURE | 24) FUNERAL DIRE | of Thomas 13 | ADDRESS |

BUREAU V. S.

SECEINED

80

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

2086 CERTIFICATE OF DEATH

Reg. Dist. No. 239

| COUNTY CINCL GLORGE MARYLAND | STATE P COUNTY | | | |
|--|--|--|--|--|
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give neares (town) | | | |
| OR give nearest town) (in/this place) TOWN | OR TOWN Saure 1. | | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 39 a. J. | STREET (If rural, give location) | | | |
| 3. NAME OF (First) (Middle) DECEASED 4 A | (Last) (1. DATE (Month) (Day) (Year) | | | |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | DEATH JULY 1956 8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. | | | |
| male white WIDOWED DIVORCED. (Specify) many | Fiel 28 1878 76 yrs. Months. Days Hours Min. | | | |
| 10b. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. GITTEN OF WHAT | | | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | |
| Duilling ChitH | 1 Azzilee Simone | | | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | LOWISE DIMONS | | | |
| (Yea no, or unknown) (If year, give war or dates of service) | 17. INFORMANT AND ADDRESS FARSE ShitH ALLIANT ANDREL. | | | |
| | THE PROPERTY OF THE PROPERTY O | | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | RTIFICATION INTERVAL BETWEEN ONSET AND DEATH | | | |
| 153× Immediate cause (a) fullyone | my edema 2 hours | | | |
| Antecedent cause(s) | | | | |
| Diseases or conditions, if any, (b) (arcmoma) | Julon with metastases 5 years | | | |
| giving rise to the above cause stating the underlying cause last (c) | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [] Wallette | o Mellitus 1042s | | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | | |
| n e e e e e e e e e e e e e e e e e e e | Yes No No | | | |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, | (CITY OR TOWN) (COUNTY) (STATE) | | | |
| SUICIDE OF office bldg., etc.) HOMICIDE INJURY | | | | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY At work | HOW DID INJURY OCCUR? | | | |
| | | | | |
| 22. I hereby certify that I attended the deceased from Community, 19.55, to fell 7, 19.55, that I last saw the deceased | | | | |
| alive on 70, 1956, and that death occurred at 30, m., from the causes and on the date stated above. SIGNATURE DATE SIGNED | | | | |
| Frank V. Weaver, & MD N | aurel, Md Flb 8,1956 | | | |
| A. BURIAL, CREMATION DATE NAME OF CEMPTERY OR CREMATORY LOCATION (City, town, or county) (State) | | | | |
| DATE REC'D BY LOCAL Y RECEITRANY SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS | | | |
| for 10 - 5 6 /11. Mashears | Kingla Delly 40 1 Wash a e | | | |
| | | | | |

DECEDAED

BUREAU V. S.

WITH UNFADING INK.

Physicians:

especially important.

130 age 22.

correct

DATE REC'D BY LOCAL

PLEASE TYPE OR WRITE PLAINLY,

- 10 - 53

A15-

VS.

Supply every item of information carefully. The

please write the causes of death clearly and legibly,

| MARYLAND STATE DEPARTMEN | T OF HEALTH—BALTIMORE, 18 | 02109_ |
|--|--|-----------------------|
| 2040 CERTIFICATI | E OF DEATH Reg. Dist | No. 248 |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: 4 |
| COUNTY Prince Glorge MARYLAND | STATEMANDENE COUNTY Trees | e George |
| CITY (If outside corporate limits, write RORAL LENGTH OF STAY OR and give nearest town) TOWN (in this place) | CITY(If outside corporate limits, write RURAL a OR TOWN | nd give nesrest (own) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rwal give location) ADDRESS 3382 Channel | Place |
| OECEASED: (Type or Print) Paul Revers 5; | or DEATH: Tell | 77H 1956 |
| Male white married april | 18, 1903 3 2 yrs. | ays Hours Min. |
| 10A. USUAL OCCUPATION Give kind of 10B. KIND OF BUSINESS work done during most of working fife. Wind Wind College Col | 11. BIRTHPLACE (State or foreign country): 12. | COUNTRY! Q. |
| Clarrier Shunder | Mary Everhart | |
| 16. WAS DECEASED EVEN IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, poor unk.) (11 Yes, give war or dates of service) (87.09 - 9839) | 17. INFORMAÇIA ADDRESSING DEL | - Parier mo |
| 18. MEDICAL CERTIFICAT | ion | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | PEW |
| 1420 / IMMEDIATE CAUSE (A) CORONARY | THROMBOSIS | MINUTES |
| ANTECEDENT CAUSE (S) | SCIEDASIS | 6 YEARS |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | 3CLERUS(S | OTERKS |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| TO THE DEATH BUT NOT RELATED TO THE | | |
| DISEASE OR CONDITION CAUSING DEATH | N | AUTODOVA |
| 0 | | YES NO NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR? | y) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work | | |
| 22. I hereby certify that I attended the deceased from 9/2 | 7 , 1957, to 2/12 , 1956, that I last | saw the deceased |
| alive on 1/25, 1956, and that death occurred at SIGNATURE A BOWMAN | 11:50 PM, from the causes and on the date ADDRESS/ LANGE DATE DATE DATE DATE DATE DATE DATE DATE | |
| 23. BURIAL, CREMITION, DATE THEREOF NAME OF CEMETI | ERY OR CREMATORY LOCK ON (Lity, town, or | county) (State) |

De Maloney Ruf medical Exame was notified + Will affeore De J. E. Bowman.

BUREAU V. S.

FEB 16 1956

BECEINED

correct

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Prince George's STATE Maryland county Prince George's MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town)
TOWN Croome (in this place) TOWN Vrs. Croome HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: Melissa Elizabeth Stamp (Type or Print) DEATH February 3 19 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: Months Days (Specify)jdowed Female 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY? Own Home Maryland 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Cora Ogle Frank Bryant 15. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No .: (Yes, no, or unk.) (If Yes, give war or dates of Cora E. Kazey, West Hyattsville, Md. service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Hemorrhage and shock Immediate cause DHE TO Antecedent cause(s) (b) Gun shot owind bf the head Diseases or conditions, if any, glving rise to the above cause DUE TO stating underlying cause last II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20. AUTOPSY?

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

21a. EXTERNAL CAUSE WAS

Yes No M 21c. (City or town) (County) (State)

PRIMARY To or CONTRIBUTING CAUSE OF DEATH. street, office bldg., etc., INJURY 21d, TIME (Month) (Day) (Year) (Hour) | 21e, INJURY OCCURRED Not wbile INJURY 2 at work

211. HOW DID INJURY OCCUR? Shot self with a rifle

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes | , Accident | , Suicide | X, Homicide | , Undetermined cause | , CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE

23. BURIAL, CREMATION, | LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) : Cemetery Md. 2/6/ Brookfield Navlor DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

21b. PLACE (Home, farm, factory,

racy, the light

ing.

BUREAU V. S.

FEB -12 1820

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2036

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No. 21 H 5

| | 1 0 |
|--|---|
| I. PLACE OF DEATH COUNTY PAROLES LEONER MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED. |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL and the nearest town) |
| 15 TOWN THE PHYRACES | TOWN WENT /Texaleges med. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 2403 Woodberry St | STREET ADDRESS 2403 Woodbern At |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) ((Day) (Year) |
| DECRASED EMMA JANE 5 | TEVENS DEATH Feb 20 1956 |
| 6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | 8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min. |
| Tayman (Specify) Wadaung | 100-1 / 164 7 yrs. |
| done during most of working life, even if retired) 10b. Kind of Business of Industrial INDUSTRIAL | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| William Rece | mon metron - |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) | mayners metros 2403 the st |
| 18. MEDICAL CE | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONEST AND DEATE |
| 420,0 a T. Comme | * Tours |
| Immediate cause (a) | 11 w part failure 29 has |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | notic heart dissers |
| (c) Jenerale | zed arteruscheren |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 0 | Yes No No |
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY PLACE (Home, farm, factory, street, OF office bidg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m, Wile at Not While Work At work | HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from Fib 2 | 6, 1955, to Feb. 20, 1957, that I last saw the deceased |
| | |
| alive on | ADDRESS DATE SIGNED |
| Mt Ollman tup | +0/ Kunedy St YW Wash. De 2/20/56 |
| PARENCYAL (Specify) Tet 2 1956 FORCE HE | RY OR CREMATORY LOCATION (City, town, or county) (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS ON HO |
| July 211956 mo Las tevere | Deal tuneralton 4812 Da aver |
| White the state of | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.



20. AUTOPSY? Yes No (State)

Undetermined cause

DATE SIGNED

ADDRESS

Reg. Dist.

1256

INTERVAL BETWEEN

ONSET AND DEATH

12. CITIZEN OF WHAT

COUNTRY?

(Day)

Months

This body repreleased to District authorities who will conduct their own investigation. & Maloney. M.D. Flo 12 - This is offerently an accelett death as investigated by a I.U. of the Britishellan Police Ithe bridge included Myagu Bulles EGENVED Y. S.

18

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03211

| 1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL ond give and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL ond give and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL ond give deceased of the corporate limits, write RURAL ond give deceased of the corporate limits, write RURAL ond give deceased of the corporate limits, write RURAL ond give deceased of the corporate limits, write RURAL ond give deceased of the corporate limits, write RURAL ond give deceased of the corporate limits, write RURAL ond give deceased of the corporate limits, write RURAL ond give deceased of the corporate limits, write RURAL ond give deceased of the corporate limits, write RURAL ond give deceased of the corporate limits, write RURAL ond give deceased lived. 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4. DATE OF BIRTH 5. SEX 4. DATE OF BIRTH 5. SEX 6. COLOR OR ACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years limits out birthday) Address 100. USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN guiring most of warking life, even if retired) 113. FATHER'S NAME 114. MOTHER'S MAIDEN HAME 115. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 175. INFORMANT Address | e negresi tawn) e. IS RESIDENCE ON A PARM? YES NO Ty Ty Ty Ty Ty Ty Ty Ty Ty T |
|--|--|
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3. NAME OF DECEASED 3. NAME OF DECEASED 4. DATE Manth Deceased (Type or print) 5. SEX COLOR OR FACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year lost birthday) HIGH YEAR MARRIED DIVORCED 100. USUAL OCCUPATION (Give kind of wark dane lost) 100. USUAL OCCUPATION (Give kind of wark dane lost) 100. USUAL OCCUPATION (Give kind of wark dane lost) 113. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 114. MOTHER'S MAIDEN NAME | o. IS RESIDENCE ON A PARM? YES NO 19 Typy Year 19 AR IF UNDER 24 HRS Hours Min. |
| 3. NAME OF DECEASED (Type or print) 5. SEX COLOR OR FACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 10. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 10. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 11. MOTHER'S MAIDEN NAME 11. MOTHER'S MAIDEN NAME | ON A FARM? YES NO D TO Year 19 Year 19 Haurs Min. |
| SEX COLOR OR LACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost brindory) Maniths Days | 19 CAR IF UNDER 24 HRS. Hours Min. |
| Neall Value WIDOWED DIVORCED 11. BIRTHPLACE (State or fareign country) 12. CITIZEN during most of warking life, even if retired) 12. FATHER'S NAME 14. MOTHER'S MAIDEN NAME | Haurs Min. |
| 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MAIDEN NAME | OF WHAT COUNTRY |
| unhum lunhum | 8. a |
| 15. WAS DECEASED EVER IN U.S. APMED FORCESS 114 SOCIAL SECURITY NO. 147 INFORMANT | |
| (Tes. no. of unknown) (It yes, give wor or dates of service) Science Welker 2. No. do | , he |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO | NTERVAL BETWEEN NSET AND DEATH |
| Cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | PERFORMED? |
| 20o. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | YES NO |
| 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED While Nat while at work at work at work at work at work 19 at w | (State) |
| 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause | , and find tha |
| ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | DATE SIGNED |
| EXAMINER'S DEPUTY MEDICAL EXAMINER 2 2-2 | 7-56 |
| 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) | (Stale) |
| Instituted attired 2 28 56 Univ. of lld, Magical School Baltimore Und. | URE 17 - |

VS. A15ME(5) 5M 9/55

or removol.

BUREAU V. S.

Jest CI AAM

DE A TEDER

REGISTRAR'S SIGNATURE

REC'D BY LOCAL

A15A

(Month) (Day) (Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. Months Hours (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? Yes No (State) Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED (State)



BUREAU V. E.

DECENAED

...

BUREAU V. S.

The second of th

this this

72 hours after death. After director, the third copy of

ATTENDING PHYSICIANDR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician. NSTRUCTIONS

certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2089

Reg. Dist. No.....

| 1. PLACE C | F DEATH | | | | 2. USUAL RESIDEN | ICE (HOME) OF D | | | |
|--|--|---|---------------------------------|--------------|--|-------------------------------|--|------------|----------------|
| COUNTY F | rince Georg | els | MARYL | AND | STATE Maryla | nd COUNTY | Pr. Geo | • | |
| CITY (If or | stside corporate limits, write give naerest town) Cheverly | | LENGTH OF | | CITY (It outside corpo OR TOWN Laur | el | and give nearest to | wn) | |
| HOSPITAL C INSTITUTION STREET ADD | 1.00 | George's G | eneral | Hosp. | STREET ADDRESS 41 B S | | ve location) | 1 | |
| 3. NAME OF DECEASE (Type or Prin | (First) | | Middle) | | (Last) ravers | 4. DATE (Mor OF DEATH 2 | | | 56 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIE WIDOWED, DIVO (Specify) Mai | ORCED, | 8. DATE 0 | F BIRTH 8/92 | 9. AGE lest birthdey 68 yrs. | Months Dey | _ | 24 HR: Min. |
| done during retired) | UPATION (Give kind of most of working life, evice to use wife evice to use wife evice to use with the control of the control o | work 10b. KINE OR OWN | of Business Industry Nome | | 11. BIRTHPLACE (State or foreity West Virg | | CO | U.S.A. | AT |
| | hn William E | | | | Emma Euger | nia Lamar | | | |
| (Yes, no or unk.) | (If Yes, give wer or de | | SOCIAL SECU | JRITY NO. | 17. INFORMANT & A | ic Card | 450 | | |
| DISEASES OR C GIVING RISE TO STATING UNDER | ONDITIONS, IF ANY, | DUE TO (B) Hyp DUE TO (C) Chr NTRIBUTING THE | ertensi | on ocardi | | | | | |
| 19a. DATE OF C | | . MAJOR FINDINGS C | F OPERATION | | | | Y | 20. AUTOPS | Name of Street |
| OR CONTRIBUTIN | WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) | OF INJURY street, of | | | To. WHERE DID INJURY OCCU | R? (City or town) | (County) | (State |) |
| 21d. TIME OF IN | JURY (Month) (Dey) | (Yeer) (Hour) 21e. Whila M. at wo | | RRED : | 21f. HOW DID INJURY OCCU | R? | | | |
| | 2/13, 1 | | that death | | 402 har so | | date stated ab (n, stete) Maryland (n, or county) | | |
| 24. REC'D BY R | EGISTRAR REG | ISTRAR'S SIGNATURE | 1 | | 25. FUNERAL DIRECTOR'S | SIGNATURE | ADDE | ess / | Sh |

MIAPO TO ATAINATE OF DEATH

The second section of the second section is a second section of the second section of the second section is a second section of the section of the second section of the section of the second section of the section of th

II BROWN AS HELDER BOTH MINIS ASSESSATE BRELLIER

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| ct | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | Kek. Chist. |
|-----------------------------|--|-------------------------------------|
| orre | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | No. 242 |
| e | 1. PLACE OF DEATH; 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| Th. | COUNTY Prince George MARYLAND STATE MANUAL COUNTY Prince | ganer |
| Y.ib | CITY (If outside compared limits surite RIRAL LENGTH OF STAY CITY (If outside compared limits surite RIRAL and | give nearest town) |
| legal | OR and over nearest town) TOWN TOWN Height 19 year TOWN Bradbury Height 19 year | lt. |
| n carefully. y | HOSPITAL OR INSTITUTION OR STREET ADDRESS 5/0/- Press Street ADDRESS 5/0/- Press Street | eet |
| f information death clearly | 3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day OF OF Print) Robert Edward Walker DEATH Feb 2 | (Year) 1956 |
| f infor | male white pecify DIVORCED, Jul 1, 1936 1, 9 yrs. Months Di | |
| of of | 10a. USUAL OCCUPATION (Give kind of work life, even if retired): 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. 12c. W as land to the country of the country o | COUNTRY? |
| cau | 13. FATHER'S NAME: Robert Edward Walker & Touse M- making | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Was 'Jouin Walker, sum | e adlan |
| K. Supply se write tl | 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH |
| JINK. | Immediate cause (a) New York To | |
| 51. | Antecedent cause(s) | |
| OIN | Diseases or conditions, if any. (b) | |
| Al | giving rise to the above cause DUE TO stating underlying cause last | |
| UNFADING Physicians: | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | 1 |
| | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| , WITH | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY2 Yes No |
| ILY, imp | 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY 21b. PLACE (Home, farm, factory, of street, office bldg., etc., INJURY | (State) |
| PLAIN pecially | 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while in Not while work | |
| PL | 22. I hereby certify that I took charge of the remains described above, held an Autopsy Z, Inspection D | Inquiry , and |
| E e s | find that death resulted from: Natural causes Accident [], Suicide [], Homicide [], Undeter | |
| RIT. | SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER | DATE SIGNED |
| W es | M. D. ASSISTANT MEDICAL EXAM. | 2-24-26 |
| ASE | BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION City town, for expression of the control | , hdi |
| EE | DATE, REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 24. FUNERAL DIRECTOR | ADDRESS |
| Q. | 1 2/24/04° Varree Compiled D. B. Home Co. Washe | MODA LI |

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DATE REC'D

REGISTRAR.

23 (BURIAL, CREMATION, REMOVAL (SPECIFY)

BY LOCAL

COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY7 YES V NO (County) (State) 10.4.M. from the causes and on the date stated above. ADDRESS DATE SIGNED OR CREMATORY LOCATION (City, town, or county) (State)

oute

(Day)

(Year)

1956

Hours

BUREAU V. S.

EEB 14 1956

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SIGNATURE

DATE REC'D BY LOCAL

REGISTRAR

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BUREAU V. &

| 1 | corre | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | No. |
|----------|------------------------------|--|-----------------------|
| | d) | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| 17 | T. | COUNTY Inne GLORGES MARYLAND STATE MO COUNTY HOW | and |
| - | lly. | CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write BURAL a (in this place) OR | nd give nearest town) |
| 1 14 | le le | TOWN Cheverly D.O.A TOWN Highland 8 | 0- 138-2 |
| 4 | n carefully. The | |) |
| | tio | 3. NAME OF (First) (Mrddle) (Last) 4. DATE (Month) (D | ay) (Year) |
| - | 7 8 7 7 | (Type or Print) Johns James James Wilson DEATH 2 - 2. | 5 186 |
| | information death clearly | 5. SEX: SCOLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER Months | Days Hours Min. |
| v | f ir | 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHA |
| NG | every item of i | 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retlred): 10a. USUAL OCCUPATION (Give kind of INDUSTRY: INDUSTRY: 11. BIRTHPLACE (State or foreign country): 1. | 4.5.4 |
| BINDIN | r it | 13. FATHER'S NAME: | |
| NI S | ca | Walter randelin W Ison Ugnes Evelyn Water | Nozers. |
| | ly ev | 16. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) 2.12. 2.2.7455 | 0 |
| FOR | ply te | (Yes, no, or unk.) (If Yes, Rive war or data of 213-32-7450 Walter - Same add | uso |
| | | 18. MEDICAL CERTIFICATION | INTERVAL BETWEE |
| RESERVED | ie. | | ONSET AND DEATH |
| E R | INK. | Immediate cause (a) Hemontage & shock | |
| E | G. | Antocodent course(g) DUE TO O L | |
| | level [m] | Antecedent cause(s) Diseases or conditions, if any, (b) Stationard graph and the stationard grap | |
| Z | AD | giving rise to the above cause DUE TO | |
| 2 | UNFADING Physicians: | stating underlying cause last (c) | |
| MARGIN | Da. | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| | TH | DISEASE OR CONDITION CAUSING DEATH. 99. DATE OF OPERATION: 199. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? |
| | WI | | Yes No 🗆 |
| 7 | LY, WITH important. | 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY For CONTRIBUTING OF street, office bldg., etc., | (State) |
| | Ä | CAUSE OF DEATH. INJURY TAVIM JOHN OF THE STATE OF THE STA | ma |
| | AID | 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at No | burns a hill |
| | E PLAINI especially | 22. I hereby certify that I took charge of the remains described above, held an Autopsy . Inspection | |
| | E | find that death resulted from: Natural causes \Box , Accident \Box , Suicide \Box , Homicide \boxtimes , Undet | termined cause |
| | RIT] | | DATE SIGNED |
| 63 | WE | Solund. Maloney (mattrill, Md) M. D. ASSISTANT MEDICAL EXAM. | 2-26-56 |
| no ' | SE | 21. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (Specify): | |
| 1 | 4 | Bernal 1/39/50 Hopkins Chapsel Highland | mal. |
| 15/ | I E | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR | ADDRESS |
| 4 | PI | 1 26/36 (Contrade Voursey TC Heavelown to | caso 4 lake |

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BUREAU V. S.

FEB 29 1956

BECEINED

CERTIFICATE OF MEDICAL EXAMINER'S

| MEDICAL EXAMINER S CER | THICAID OF DEATH | No. |
|---|--|----------------------------------|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| county Pr. Geo. MARYLAND | STATE Maryland county Prince G | eorge's |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Naylor LENGTH OF STAY (in this place) 15 years | CITY (If outside corporate limits write RURAL and OR TOWN Naylor | give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm | STREET (If rural, give location) Gibbons Farm | 1 |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) Sadie Elizabeth Windsor | (Last) 4. DATE (Month) (Day OF DEATH Feb 5, | (Year) 19 56. |
| female colored (Specify): Single) | 1714 91 yrs. | ays Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): NONE 10b. KIND OF BUSINESS OF INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. Maryland. | CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Clarence Windsor | Ida Harper | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Richard Windsor Same as No 2 (Br | cother(|
| | AL CERTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Shoch | | |
| Immediate causc (a) DUE TO | | |
| Antecedent cause(s) Diseases or conditions if any (b) | third dagree bun | X look |
| Diseases or conditions, if any, giving rise to the above cause DUE TO | | |
| stating underlying cause last (c) | v. | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | 1 | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? |
| | | Yes No D |
| 21a. EXTERNAL GAUSE WAS PRIMARY D OF CONTRIBUTING D CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, dflice bldg., etc., INJURY | 21c. (City or town) (County) | (State) |
| CAUSE OF DEATH. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED | 21f. HOW DID NJURY OCCUR? | My |
| OF INJURY 2 5 56 99 M. While at work at work | - In house that hum | of doren |
| 22. I hereby certify that I took charge of the remains describ | | |
| find that death resulted from: Natural causes [], Accid | dent , Suicide , Homicide , Undeter | rmined cause |
| SIGNATURE | DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | 2 / 1 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER | | Dunty) (State) |
| REMOVAL (Specify): 2/1/54 Dayon) | . Home Wach I C | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR | ADDRESS |
| 0/7/06 harrie Campbell | I Jacon Terneral Home | Wash, D(|
| | | - |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. S.

9551 P.T 831

BECEINED

PUNERAL DIRECTOR

DATE REC'D BY LOCAL

SECELVED REPORT

EUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

| MEDICAL EXAM | MINER'S | CERTIFICATE | OF | DEATH | No |
|--------------|---------|-------------|----|-------|----|
|--------------|---------|-------------|----|-------|----|

| MARILAND STATE DEPARTMENT OF | HEALTH—BALTIMUKE, 18 | Reg. Dist. |
|--|---|----------------------|
| MEDICAL EXAMINER'S CER | TIFICATE OF DEATH | No |
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY (Yranice Georges MARYLAND | STATE Md COUNTY Prince | Sinses. |
| CITY (If outside corporate mits, white RURAL LENGTH OF STAY | CITY (If outside corporate limits write RURAL and | rive nearest town) |
| OR and give nearest town) TOWN Fairment sught 2 ms. | TOWN Fairmont Headle | 5 X |
| HOSPITAL OR | STREET (If rural, give iocation) | // |
| STREET ADDRESS 6111 - R. Sheet. | ADDRESS 6111 - K. Strut | |
| 3. NAME OF DECEASED: (Middle) | (Last) 4. DATE (Month) (Day |) (Year) |
| (Type or Print) donise Wis | nters DEATH 2 - 4- | 1956 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED 8. DATE 8. DATE | | EAR IF UNDER 24 HRS. |
| Temale Colored (Specify) Warred 6. | - 13 - 23 yrs. | |
| work done during post of work life, even if retired): | OR 11. BIRTHPLACE State or foreign country): 12. | COUNTRY 2 |
| | Maryland | 459. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Charles /alan | ugnio cosic. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of | Lignes allen - 911-62 MPl. | Of lita. |
| service) | agnio willin - 711-62 4 (3. | JAM AV |
| | CAL CERTIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | 1 1. | ONSET AND DEATH |
| Immediate cause (a) | age & shock. | |
| Antesedent cause(s) | 1 1 4 | |
| Antecedent cause(s) Diseases or conditions, if any, (b) Shot gum. | round of chest | |
| giving rise to the above cause DUE TO | | |
| stating underlying cause last (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? |
| | | Yes No 🗆 |
| 21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street office bldg., etc CAUSE OF DEATH. | 11 -12 6 | (State) |
| CAUSE OF DEATH. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED | 21f. HOW DID INJURY OCCUR? Shotam | [P. |
| OF While at Not while | of chipt: | - wound |
| 22. I hereby certify that I took charge of the remains descri | thad above held an Autoney of Inspection of | Inquiry of and |
| find that death resulted from: Natural causes , Acci | | |
| SIGNATURE A | CHIEF MEDICAL EXAMINER | DATE SIGNED |
| John J. Malonen (Hyalton II med) | M. D. ASSISTANT MEDICAL EXAMINER | 2-5-56 |
| | RY OR CREMATORY LOCATION (City, town, or co | unty) (State) |
| (REMOVAL (Spectry): 2-5-56 Character & Confe | inatural form 1702-12 - 12 h | w. D.C. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRASS |
| 215/56 Jarrie ambhell | therebe have by alleville | , mai |

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BUREAU V. S.

9951 F.T 931

BECEIAED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 3221 2093 CERTIFICATE OF DEATH Reg. Dist. No. 23/

CERTIFICATE OF DEATH

| | | | 1 |
|-----|------|----|---|
| Rog | Diet | No | w |

| I. PLACE OF PEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|
| COUNTY PAINE SUNG LEMARYLAND | STATE MIN. COUNTY PS MONICO |
| | STATE COUNTY COVGE CITY(If outside corporate limits, write RURAL and give nearest town |
| CITY (It outside corporate limits, write RURAL LENGTH OF STAY OR and give nearyst town) | OR CONTROL OF THE CONTROL AND |
| STOWN Chevery She lon | MANJOWN Clipton |
| HOSPITAL OR | STREET (If rural give location) |
| STREET ADDRESS LINCE Jumps Am | 2 7200 Temple /4//s Rd. |
| 3. NAME OF First) (Middle) | (Last) 4. DATE (Month) (Duy) (Year) |
| (Type or Print) | OF DEATH: 2 - 13 1956 |
| S. SEX: 6. COLOR OR 7 SINGLE, MARRIED, 8. DATE | |
| m RACE: WIDOWED, DIVORCED, / 2 - | yrs. Months Days Hours Min. |
| OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA |
| work done during most of working life, oR INDUSTRY; even if retired): | COUNTRY? |
| 3. FATHER'S NAME: / / / / / / | 14. MOTHER'S MAIDEN NAME: |
| S. PATHER'S NAME: | 14. MOTHER'S MAIDEN MAME: |
| Loward Wagne | Cumerine Joung |
| S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | mather (acahaila) |
| 14-14-14-14-14-14-14-14-14-14-14-14-14-1 | · III offer fast bove |
| 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | THE PROPERTY OF THE PARTY OF TH |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) Thy alexe | , herebrand forlundery |
| ANTECEDENT CAUSE (\$) | |
| 1 - | - 4 |
| GIVING RISE TO THE ABOVE CAUSE DUE TO | 10114 |
| STATING UNDERLYING CAUSE LAST. | |
| (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | N 20. AUTOPSY? |
| | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | ctory, 21c. WHERE DID (City or town) (County) (State) , etc. INJURY OCCUR? |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work | D 21F. HOW DID INJURY OCCUR? |
| M. at work at work | |
| 22. I hereby certify that I attended the deceased from 2/15 | 1956, to 2/3, 1956, that I last saw the deceased |
| aliman 1/2 1067 and that death commed at | F (d) |
| alive on | ADDRESS DATE SIGNED |
| 1147 | 0 1 8 1 1 -1-1 |
| | M.D. College Pak 2/13/56 |
| 23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMET | ERY OR CREMATORY LOCATION (City, towar or county) (State |
| Trinale Monoh 1954 June ce & | To or co Sen Hors Myserly The |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24//FUNERAL DIRECTOR/ ADDRESS |
| REGISTRAR / / | See W Point 'h |
| Jack 106 Mander & Doursey | ATTACAMA TO A T |

